

Application#	
Permit#	
Date	

	Pl	ease fill form out completely		
Date:		Phone:		
Owner's Name: _				
Owner's Present	Address:			
	nme, Lot # and Subdiv attach directions. See	vision Name of proposed drive <i>NOTE</i> below):	eway to be inspected.	
Parcel Number: _				
Contractor:				
	Driveway Classificat	tion - Check all boxes that ap	ply to your drive.	
New Drive Pre-Existii	way ng Driveway	Commercial Driveway Residential Driveway	Public Hearing Required? Subdividing Property	
What are you bui	ilding?			
If commercial, wi	hat is the intended use			
NOTE: We must have	address and parcel numb	per before permit can be issued. If	You do not have an address yet attach	
we will give you so that	at our inspector can find t	he driveway location. We will no	y. You <u>must</u> stake with red flagging tape ot check your drive unless it is staked	
and/or flagged unless	this step is waived by t	he Monroe County Highway De	epartment.	
Signature:				
STAFF USE ONLY				
			Ву	
Road Classification			Speed Limit	
Sight Distance		Coord	linates	
Existing Drainage	C&G / Pipe / Swale	If pipe is required, diameter &	z length	
Notes				