

TOWN OF COAL CREEK
DRIVEWAY ACCESS PERMIT

NAME OF OWNER: _____ PHONE# _____

ADDRESS OF OWNER: _____

CONTRACTOR: _____ PHONE# _____

SITE LOCATION: _____

ACCESS from STREET: _____

TYPE OF CONSTRUCTION: _____

SIZE of CONSTRUCTION: _____

IF COMMERCIAL- TYPE OF BUSINESS _____

VEHICLE COUNT ESTIMATE that will use the access: _____

YOU WILL HAVE 30 DAYS TO COMPLETE THE PROJECT FROM THE TIME YOU RECEIVE YOUR PERMIT.

APPLICANT OR REPRESENTATIVE SHALL MEET INSPECTOR AT SITE SO AS TO DETERMINE REQUIREMENTS OF DRIVEWAY ACCESS PERMIT. THIS IS TO CERTIFY THAT I UNDERSTAND AND AGREE TO THE ABOVE CONDITIONS.

If an access permit is issued to you, any changes in the use of the permitted access not consistent with the application may be considered a violation of the permit.

OWNER SIGNATURE: _____ DATE: _____ FEE \$: _____ PAID _____

FOR TOWN USE ONLY

THE FOLLOWING WILL BE REQUIRED AS PER INSPECTION:

APPOINTMENT DATE FOR SITE INSPECTION: _____

TIME FOR INSPECTION: _____

TYPE OF CONSTRUCTION: _____ CULVERT _____ CURB _____

TYPE OF CULVERT (material): _____ DIAMETER: _____ INCH: _____

COVER: _____ INCH

DRAINAGE STUDY: REQUIRED: YES NO

SPECIAL INLET- OUTLET TREATMENT: _____

SITE DISTANCE BOTH DIRECTIONS: _____ FEET _____

ASPHALT REPLACEMENT: YES NO

*REQUIRED COVER DEPTH TO BE ONE HALF OF CULVERT DIAMETER

OTHER REQUIREMENTS: _____

INSPECTED BY: _____ DATE: _____