



Permit No. _____

Date: _____

DRIVEWAY AND PARKING SPACE PERMIT
\$10 fee – Please attach Survey / Illustration

APPLICANT:

Name _____ E-mail Address _____

Street Address _____ Phone _____

City _____ State _____ Zip _____

_____ Owner _____ Agent for Owner _____ Contractor

OWNER:

Name _____ E-mail Address _____

Street Address _____ Phone _____

City _____ State _____ Zip _____

ADDRESS OF PROPERTY: _____

DIMENSIONS OF EXISTING DRIVEWAY: Width _____ Length _____

DIMENSIONS OF NEW DRIVEWAY / ADDITION: Width _____ Length _____

SURFACE MATERIAL: Existing _____ Proposed _____

Applicant's Signature _____ Date _____

Owner's Signature _____ Date _____

To be filled out by Zoning Enforcement Officer

TAX PARCEL: _____ ZONING DISTRICT: _____ SURVEY: _____

DIMENSIONS OF LOT: Lot Frontage _____ Front Yard _____

PERCENTAGE OF LOT FRONTAGE: _____ SURFACE MATERIAL: _____

APPROVED: _____ AREA VARIANCE: _____ GRADE PLAN: _____

ISSUING OFFICER: _____ DATE: _____