



Town of Carl
1690 Carl-Bethlehem Road
Auburn, GA 30011

Driveway Permit Application

- ☐ Residential
☐ Commercial
☐ Existing/Repair

Date: ____ / ____ / ____

Permit No. _____

Estimated Cost of Construction (Labor and Materials): \$ _____

JOB SITE ADDRESS:

LOT/ SUITE #:

Property Use:

Zoning Class.:

I understand that I must follow MUTCD Pedestrian Signage guidelines during this project. Initial here: _____
Applicant must acknowledge understanding by initialing item. Guidelines found at <https://mutcd.fhwa.dot.gov/>

**Property
Owner**

Name:

Address:

State:
Zip:

Phone:

Email:

Contractor

Name:

Occupational Tax
License No.:

Address:

State:
Zip:

Phone:

Email:

CONSTRUCTION INFORMATION

WIDTH: _____ LINEAR FEET: _____

YARD LOCATION: [] FRONT [] SIDE [] REAR

CULVERT: [] YES [] NO CULVERT DIAMETER: _____

MATERIAL: [] METAL [] CONCRETE [] PLASTIC

[] OTHER (EXPLAIN) _____

TYPE OF DRIVEWAY

[] DIRT

[] GRAVEL

[] CONCRETE

[] ASPHALT

[] OTHER (EXPLAIN) _____

This permit application must be accompanied by a detailed site plan showing property boundary lines, the location of all structures on the property and the location of the proposed/existing driveway.

This application must be accompanied by a detailed construction drawing for culvert installation.

Notice: No changes shall be made from that which is stated in this application, or in attached plans and specifications, except by submitting a revised application, plans and/or specifications and receiving approval of the Chief Building Inspector for such change. Granting of a permit shall not be construed as a permit for or an approval of any violation of the Building Code or any other state or local law regulating construction or the performance of construction. I hereby certify that I have read and examined this application and the information provided herein is true and correct. I further certify that all construction will comply with the Minimum Building Codes.

X

Signature of Applicant:

X

Date:

FOR OFFICE USE ONLY

Accepted by:

Administrative Fee:

\$ _____

Plan Review Fee:

\$ _____

Permit Fee:

\$ _____

CC Fee:

\$ _____

Total Fee:

\$ _____