



CITY OF FORT OGLETHORPE BUILDING DEPARTMENT DRIVEWAY PERMIT

Instructions to Applicant:

- Please print legibly and complete ALL fields
- After approval(s) are obtained you will receive an email notification that permit is ready for collection of fees & issuance; all fees are collected in office
- If road cut is necessary a right of way encroachment form **MUST** be completed along with this application

_____ of _____
PLEASE PRINT NAME ADDRESS

_____ request permission to construct a residential driveway on

NAME OF ROAD

APPLICANT PHONE NUMBER

EMAIL

The Drive will be constructed on North South East West side of the road.
CHECK ONE

By signing this request, I agree to construct or have constructed this driveway as described below.

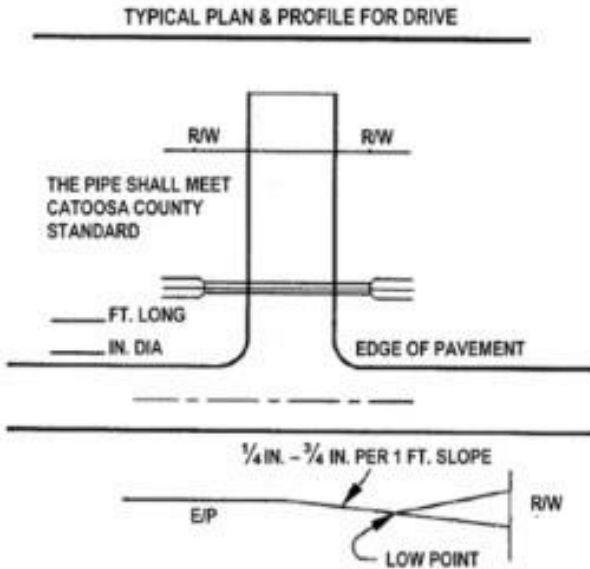
DATE: ___/___/___

SIGNATURE: _____

****ABOVE INFORMATION TO BE PROVIDED BY OWNER PRIOR TO ISSUANCE****

SPECIAL REQUIREMENTS:

1. EXTEND PIPE AS NECESSARY TO OBTAIN 3:1 OR FLATTER SLOPE.
2. SIZE, TYPE, AND GRADE OF PIPE TO BE SPECIFIED BY PUBLIC WORKS DEPARTMENT.
3. EXISTING SURFACE FLOW TO REMAIN. WATER CANNOT BE DIVERTED TO COUNTY ROW.
4. NO HEADWALL TO BE CONSTRUCTED ON PIPE ENDS.
5. NO BRICK OR OTHER HAZARDOUS TYPE MAILBOXES ALLOWED ON RIGHT OF WAY. (SEE DOT MAILBOX REGULATIONS.) ALL DRIVEWAYS SHOULD HAVE TURN-AROUND PAD OFF RIGHT OF WAY TO PREVENT BACKING INTO THE HIGHWAY.
6. ALL DISTURBED RIGHT OF WAY TO BE REGRESSED TO COUNTY SPECIFICATIONS.
7. THIS DRIVE TO SERVE A SINGLE FAMILY DWELLING ONLY AND MAY NOT BE CONVERTED TO ANY OTHER USE WITHOUT APPROVAL OF COUNTY.
8. OTHER REQUIREMENTS:



Office Use:

revised 8/28/24

Application received by: _____ Date: _____

Director application approval: _____ Date: _____

Permit #: _____ Send email copy to Public Works Entered & email sent by: _____ Date: _____