TOWN OF ELBA DRIVEWAY PERMIT APPLICATION

Applicant Name:				
Applicant Address:				
Applicant Phone Number:				
Property Owner's Name:				
Proposed Site Address:				
Section: Town:	Range:	1/4	1⁄4	
The driveway will provide acce	ss to: STH:		_	
	CTY			
	Town Road		_	
Proposed land use of property:				
**Provide a sketch of proposed indicate turnoffs and the dead en	nd turnaround, if requ	ired with this app	lication.	
Specify erosion control procedu	res to be utilized:			
The ordinance requirements sha	ll apply to all new dri	veways installed	after the adoption of the ordinance).
-	for the driveway is de	nied. If a second i	pplications for a driveway. The fe nspection is not up to code a new	
	ations as may be set for	orth by the Planni	n of Elba Driveway Ordinance ng Commission. The maintenance owner.	of
Signature of Applicant:		Date	:	
Office Use Only:				
Applicant Name:				
A culvert (will, will not) be requested. The application for the driveway jurisdiction on the da	y location has been (a	pproved, denied)	of 18"x 30' with flares will be use by the appropriate highway	ed.
The driveway has been inspecte meets minimum standards this _	=		on has been made that the drivewa	ıy
Building permit issued on this _				