

**The City of
Blanchard**
COMMUNITY DEVELOPMENT
SERVICES

**DRIVEWAY
PERMIT**

Permit No. _____

Application Fee: \$100.00

Project Address: _____

Owner of Property: _____

Name

Phone #

Mailing Address: _____

Street #

City

State

Zip

Contractor/Applicant: _____

Name

Phone #

Mailing Address: _____

Street #

City

State

Zip

DRIVEWAY SPECIFICATION

ZONING: ☐ RESIDENTIAL ☐ COMMERCIAL ☐ INDUSTRIAL

DRIVEWAY: WIDTH: _____ FT THICKNESS: _____ INCH

MATERIAL USED: ☐ ASPHALT ☐ CONCRETE

TINHORN : ☐ GALVANIZED ☐ CONCRETE SIZE: _____ INCH

Printed Name: _____ **By:** _____

Date: _____

Do Not Write Below This Line Office Use Only

TINHORN REQUIRED: ☐ YES ☐ NO SIZE: _____ INCH APPROVED

DRIVEWAY MEASUREMENTS: WIDTH: _____ FT THICKNESS: _____ INCH

MATERIAL POURED: ☐ ASPHALT ☐ CONCRETE

DRIVEWAY MEETS CITY SPECIFICATION: ☐ YES ☐ NO

IF NO, GIVE REASON: _____

VARIANCE GRANTED: ☐ YES ☐ NO EXPLAIN: _____

DRIVEWAY APPROVED: ☐ YES ☐ NO

EMPLOYEE: _____ DATE: _____