# DRIVEWAY PERMIT

Date: _____

Project Location (address/lot): _____

Driveway Classification: ☐ Commercial ☐ Residential

Project Type: ☐ New Construction ☐ Improvement/Extension

Applicant/Contractor name: _____Phone Number: _____

Address: _____

Owner of Project: _____Phone Number: _____

## AGREEMENT

That the undersigned contractor, person or persons hereby agrees to construct or improve/extend a driveway at the above referenced location in compliance with the requirements and conditions set forth in the Town of Hope Mills Standards and Specifications. Planned cuts of existing curb must be inspected prior to work commencing.

You must contact the Public Works Department (910) 429-3387 to schedule an inspection of the forms **before** pouring. A 24-hour notice to the Public Works Department is required before an inspector can visit the site.

Property Owner: `

Signature: _____

Applicant/Contractor:

Signature: _____

Driveway Permit Fee – Residential $100.00 each

Driveway Permit Fee – Commercial $200.00 each

Total Cost: _____ Received By: _____ Permit #_____

Inspected By:

Prior to pouring: Date: _____ Signature: _____

Close Out: Date: _____ Signature: _____