



Application Driveway, Sidewalk, or Curb Permit

Modification of an existing infrastructure

CONTACT INFORMATION

PROPERTY OWNER:		APPLICANT:	
Name:		Name:	
Address:		Address:	
Office:	Cell:	Office:	Cell:
CONTRACTOR:		PROJECT LOCATION:	
Name:			
Address:		Lot:	Map:
		Parcel:	
		Proposed start date:	
Office:	Cell:	Proposed completion date:	

BOND INFORMATION

(Bond may be required upon scope of work)

Bonding company name:	
Amount of bond:	Bond expiration date:

NATURE OF WORK

<input type="checkbox"/> Driveway	<input type="checkbox"/> Curb	<input type="checkbox"/> Repair/Replacement	<input type="checkbox"/> Sodding/Seeding
<input type="checkbox"/> Driveway Apron	<input type="checkbox"/> Sidewalk	<input type="checkbox"/> New Construction	<input type="checkbox"/> Culvert

CONSTRUCTION PLANNED

<input type="checkbox"/> Driveway bituminous paving (minimum requirements: 2" bituminous wear course and 6" compacted class 5 aggregate gravel base)
<input type="checkbox"/> Driveway concrete paving (minimum requirements: 6" concrete and 6" compacted class 5 aggregate gravel base)
<input type="checkbox"/> Driveway concrete apron
<input type="checkbox"/> Machine-formed curb Type of curb _____
<input type="checkbox"/> Hand-formed curb or sidewalk with forms
<input type="checkbox"/> Drainage improvements (catch basins, detention areas, etc.)
<input type="checkbox"/> Installation or repair of culvert (minimum diameter 15" of approved material)
<input type="checkbox"/> Sodding with 6" of top soil
<input type="checkbox"/> Seeding with 6" of top soil
<input type="checkbox"/> Other

TRAFFIC CONTROL PLAN

If a street, block, or a sidewalk must be closed to complete the requested work, a traffic control plan must be submitted and approved by the Public Works Department prior to commencement of work.

EROSION CONTROL PLAN

An erosion control plan must be submitted with this application unless waived by the Public Works Department.



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DETAILED PROJECT DESCRIPTION

Attach applicable drawings

I hereby request permission to excavate or construct the work and improvements noted above and agree to perform all work in accordance with the City of Goodlettsville's codes and ordinances. I understand multiple permits may be required and understand this permit becomes null and void if the authorized work does not commence within sixty (60) days of the date of issuance, or if the work is abandoned or suspended for a period of sixty (60) days. I understand the granting of a permit does not presume to give authority to violate or cancel the provisions of any other Federal, State, or Local law regulating construction or the performance of construction activities. This permit may be revoked at any time for due cause. The owner and contractor shall assume all liability associated with this permit, including, but not limited to, claims associated to drainage, property line encroachments, etc. I understand I am responsible for contacting the Tennessee One Call System for utility marking prior to commencement of work. I understand it is my responsibility to contact the Public Works Department for an inspection within three (3) days of completion. If an ARAP (Aquatic Resource Alteration Permit) is required by TDEC (Tennessee Department of Environment and Conservation) this must first be approved before the City is able to approve this driveway permit. If work occurs within City Right-of-Way, I will be required to obtain an excavation permit, including payment of applicable fees, provide the appropriate bond and certificate of liability insurance.

I hereby certify that I have read and examined this application and know the same to be true and correct.

Owner's Signature: _____ Date: _____

Printed Name: _____

Contractor's Signature: _____ Date: _____

Printed Name: _____

OFFICE USE ONLY

NOTE: PERMIT APPROVAL OCCURS WITHIN FIVE (5) BUSINESS DAYS.

Date Received: _____	Date Payment Received: _____
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Permit Approved By: _____	Amount of Permit Fee: _____
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Permit Approval Date: _____	Payment Received By: _____
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Conditions of approval:

Final Inspection By: _____	Form Inspection By: _____
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Final Inspection Date: _____	Form Inspection Date: _____
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____ Residential ____ Commercial ____ Specifications Submitted

Inspection Notes: