



Po Box 1479
Pelham, Alabama 35124
205-620-6411 Phone
E-Mail: permits@pelhamalabama.gov

OFFICE USE ONLY	
SUBMITTAL DATE	_____
DATE APPROVED	_____
PERMIT #	_____

DRIVEWAY PERMIT APPLICATION

The undersigned of the following described premises (herein called "Applicant"), located at

hereby applies permission to install a driveway located in the City of Pelham.

APPLICANT: _____

ADDRESS: _____ **PHONE NUMBER:** _____
_____ **EMAIL ADDRESS:** _____

LOCATION OF PROPOSED DRIVEWAY: _____

_____ **NEW DRIVEWAY (NEW CONSTRUCTION)**

_____ **REPLACEMENT OF EXISTING DRIVEWAY**

_____ **EXTENSION OF CURRENT DRIVEWAY (WIDTH)**

_____ **CURB CUT**

APPLICATION BEING MADE ON BEHALF OF: _____
PROPERTY OWNER

DESIGN AND CONSTRUCTION OF DRIVEWAY CONNECTION SHALL CONFORM TO STANDARDS SET FORTH BY THE CITY OF PELHAM. CONTRACTOR SHALL BE RESPONSIBLE FOR CONSTRUCTING THE DRIVEWAY CONNECTION TO MEET CURRENT STANDARDS.

SIGNATURE OF APPLICANT

APPLICATION DATE

