

CITY OF GRAHAM

Public Works Department P.O. Drawer 357 201 S Main Street Graham, NC 27253 Telephone: 336-570-6705 Fax: 336-570-6703

Permit Application for Driveway

Issue Date:		Expiration Date:	
Contractor:		Work Location:	
Proposed Start Date:			
Contact Name:		(Street Address)	
		Between:	
Mobile Phone:		And:	
Email:		Street Closure Required? Yes	No
		(If yes, attach proposed detour plan, including detour r	outes and detour signage.)
		Driveway Type:	
Work Description:	Driveway Types:	: Residential (Standard ST-8), Commer	cial or Industrial
The Public Works Department shall land at the conclusion of any construct		70-6709 between 8:00am - 4:00pm Monday th	nrough Friday prior to
•		is attached	
If commercial or industrial pr	roperty, a Site Plan	is attached.	
The applicant has called 811 a	and all utilities have	e been located prior to any excavation o	r grading work.
1	,	riveway aprons, must be inspected when Any unauthorized construction shall be	•
construction and saves the Ci	ity of Graham from n for any costs, expe	umes all liability for damages resulting harmless from all liability and expenses enses, or damages which it may incur on his permit.	s and agrees to
As required by section 10.240 the Right of Way, whichever i		riveways shall be paved for the first 10 fo	eet, or to the edge of
APPROVED (BY THE CITY O	F GRAHAM)	I HAVE READ AND UNDERSTA	ND THE ABOVE
Signature	Date	Applicants Signature	Date

