## CITY OF CHISHOLM STREET DEPT. APPLICATION FOR ACCESS DRIVEWAY PERMIT

Street	
Name	No

Print or type application. Make 3 copies and sign.

DATE

Name of Applicant	Address	Tel
Name of Property Owner	Address	Tel
Location of proposed driveway:	feet N-S-E-W of(Specific roa	ad, landmark, or road intersection)
PROPOSED DRIVEWAY LOCATION	I TO BE MARKED IN FIELD BY OWNER	
Address of Property:		
Purpose of Driveway:   Residence	☐ Commercial (specify use)	
Are there buildings on property?	Yes   No What kind?	Year built?
Is a building to be constructed?	Yes   No What kind?	
Will building be:     Temporary	Permanent	4.
Distance from center of highway to fro	nt of building, or front of pump island is	feet.
Number of present driveways to proper	ty Date proposed driveway will	be needed
constructed to conform with the regula included in the permit. (See reverse signary including curbing to its original conformation in the conforma	application for permission to construct the access dritions of the City of Chisholm Street Department and de.) It is expressly understood that this permit is conal or to a satisfactory condition. It is understood that supervision over said street or highway.	to any special requirements and special provision and special provision of the angle of the control of the cont

SIGNATURE OF APPLICANT

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Applicant's Signature \_\_\_