



DOUGLAS COUNTY BOARD OF COMMISSIONERS

8700 Hospital Drive • Douglasville, GA 30134 • Telephone 770.920-4932 • Fax 770-920-4933

DEPARTMENT OF TRANSPORTATION

Permit No. _____

Residential Driveway Permit Request

I, _____, of _____
Name of Applicant P.O. Box and Address

_____ request permission to construct a residential driveway on _____
Telephone Number Name of Road

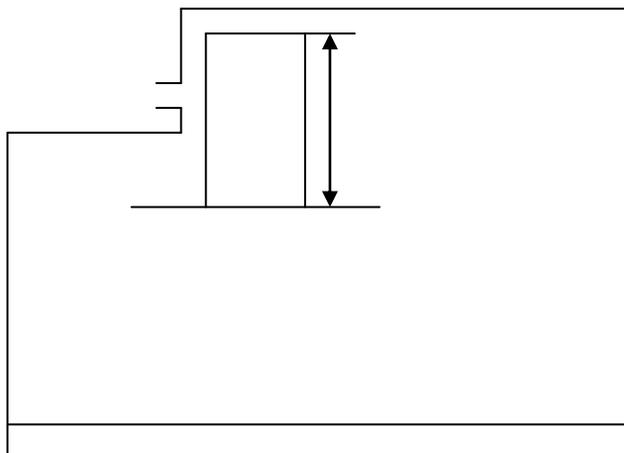
in Douglas County. The driveway will be constructed on the _____ side of the road at a point _____ ft. _____
N/S/E/W N/S/E/W
of the centerline of _____
Nearest Street or Road

By signing this request, I agree to construct or have constructed this driveway as described below. I also agree that I will be responsible for the maintenance of this driveway including pipe, surface course and slopes.

Date _____ Signature _____

Above information to be provided by the owner prior to issuance of permit

Typical Plan & Profile for Driveway



Special Requirements

1. Extend pipe as necessary to obtain a 4:1 or flatter slope.
2. Minimum 18 inch pipe size for ditch drainage.
3. Existing surface flow to remain. Water cannot be diverted to DCDOT right-of-way.
4. No headwalls to be constructed on pipe. Safety slope end sections (SSES) required.
5. No brick or other hazardous type mailboxes allowed on right-of-way. All driveways should have turn around pad off right-of-way to prevent backing into the road.
6. Hard surface driveway required min. 18ft. or to the right-of-way line.
7. This driveway to serve a single family dwelling only and may not be converted to any other use without approval from the DCDOT.
8. The permit must be displayed at the site in plain view until work is inspected and accepted by DCDOT.
9. All Disturbed right-of-way to be re-grassed.
10. All work to begin within 90 days and be completed within six (6) months after permit is issued.

Other Requirements _____

Approved by: _____

Title: _____

This _____ day of _____ 20_____