

**City of Plymouth Street
& Sanitation Department**
2124 Western Avenue, Plymouth, In. 46563-1040
Phone 574-936-2017 / Fax 574-936-3551

Driveway Permit

Applicant: _____ Owner: _____
Address: _____
Telephone: _____ Phone: _____

TYPE OF PROJECT:

Single Family Residence () Multi-Family Residence () Commercial ()
Industrial () Other () _____

Name of Project: _____
Street Address: _____
Lot No.: _____ Subdivision: _____

	yes	no
Is there an existing entrance ?	()	()
Is there an existing ditch or swale ?	()	()
Is there an existing curb & gutter street ?	()	()
Is the entrance located near the top of a hill ?	()	()
Is there an approved drainage plan for this area ?	()	()

Proposed driveway width ? _____
Proposed driveway location ? _____

Date: _____ Applicant: _____

The property owner requesting the driveway shall provide all equipment, manpower, and materials necessary to install the driveway. This includes but is not limited to culverts, curb patches, approaches, landscaping, etc. All driveway construction performed within the right-of-way shall meet or exceed the City of Plymouth Standards Specifications.

Date: _____ After inspection of the above site the following items are required: _____

Applicant: _____ City: _____

Final Inspection: Approved as installed () Exceptions: yes () no ()

Exceptions: _____
Date: _____ City: _____ Fee: \$50.00

APPLICATION FOR A PERMIT TO CUT INTO A CITY STREET (ALLEY)

r 2/2019

The Street Commissioner

Plymouth, Indiana

.....20.....

I hereby make application for a PERMIT to cut into at the following described location
Street

THE TYPE OF SURFACE where the cut is to be made is

NATURE OF OPENING TO BE MADE: The opening to be made will be.....feet wide andfeet long ins street (alley) surface: Draw a sketch on the back of this sheet showing the exact location, dimensions, depth of opening, etc., or submit a sketch or blueprint on a separate sheet securely fastened hereto.

CHARGE: Submitted herewith, please find check, Bank Draft or money order made payable to City of Plymouth, Indiana, or cash in the amount ofdollars (\$.....) covering the cost (as per schedule on back of this sheet) of the aforementioned opening or cut, if this application is granted.

If in completing the work a wider cut is made in the street (alley) surface than specified in this application I will upon completion of said work remit to the City of Plymouth an additional charge based on the schedule of prices on the back of this sheet.

RESPONSIBILITY: If this application to cut into the street (alley) surface is granted. I hereby understand the trench needs to be sawcut, and backfill the trench of said opening by thoroughly tamping the backfilling in layers not exceeding six inches deep; and to maintain the surface until the street commissioner is notified. Any sod, sidewalk, and curb that is removed will be replaced to the satisfaction of the City of Plymouth Street Commissioner. **All materials must be removed and replaced with new sand or flow fill and 1 foot of limestone on the top.**

I further agree to erect and maintain all necessary barricades, detour signs and warning lights required to safely direct traffic over or around the part of the street (alley) where the above described work is to be done so long as the work in anyway interferes with traffic.

I further agree to assume all responsibility for any injury or damage to persons or property resulting directly or indirectly from the work contemplated in this application.

I further agree that said work will not interfere with any existing structure along or across said street (alley) without permission from owner of said structure.

I further agree to stop said work at any time upon request of the Street Commissioner.

I further agree to notify the Street Commissioner (574)936-2017, Police (574)936-2126 and Fire Department (574-936-2156 preceding the beginning of the work, and to notify the Street Commissioner upon completion of the backfill.

APPROVED:-

.....
Street Commissioner

Plymouth, Indiana

.....

Signature of Applicant or Name of Company

By

Representative of Company

Address

(Give Complete Post Office Address)