

City of Plymouth Street
& Sanitation Department
2124 Western Avenue, Plymouth, In. 46563-1040
Phone 574-936-2017 t 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 Residential
\$100.00 Commercial