

PERMIT APPLICATION



**DRIVEWAY PERMIT APPLICATION
CONSTRUCTION WITHIN PUBLIC RIGHT-OF-WAY**

All information must be filled-in completely

City of Zephyrhills
5335 8th Street, Zephyrhills, FL 33542
Telephone 813.780.0000 Fax 813.780.0005

Date of application:	Processed By: <small>(gray area for staff use only)</small>	Permit #:
<input type="checkbox"/> Copy to Building Department		<input type="checkbox"/> Copy to Public Works

PROJECT/JOB SITE:	PROPERTY OWNER
Address:	Name:
Unit #:	Address: Unit:
Parcel Identification Number:	City, State, Zip
	Phone: Fax:

CONTRACTOR:

Company:		
Name:		
Contractor's License #:		E-Mail:
Phone:	Cell:	Fax:

ARCHITECT/ENGINEER:

Name:	Firm Name:		
Address:	City:	State:	Zip:
State License #:	Phone:	Cell:	Fax:

Description of Project

TYPE OF DRIVEWAY

☐ RESIDENTIAL DRIVEWAY
☐ COMMERCIAL DRIVEWAY
☐ PUBLIC ACCESS DRIVEWAY

☐ LENGTH OF DRIVEWAY

☐ WIDTH OF DRIVEWAY

R.O.W.

☐ DEPTH

EXCAVATION

☐ LINEAR FEET

CULVERTS NEEDED

() REINFORCED CONCRETE
() CORRUGATED MATERIAL
() BOX CULVERT
() OTHER (EXPLAIN) _____

CONSTRUCTION MATERIAL

☐ ASPHALT
☐ CONCRETE

CURB CUT REQUIRED

☐ YES ☐ NO

HEADWALL REQUIRED? ☐ YES ☐ NO

NOTICE TO APPLICANT: If actual work exceeds scope of this description, additional permits or drawings will be required.

UTILITY LOCATIONS REQUIRED: CALL BEFORE YOU DIG: 1.800.432.4770

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UTILITIES LOCATE CONFIRMATION NUMBER: _____

PROVIDE SKETCH IN THIS AREA, IF ADDITIONAL SPACE IS REQUIRED, ATTACH TO THIS APPLICATION.

AFFIDAVIT: Application is hereby made to obtain a permit to do work and installations as indicated. I certify that all foregoing information is accurate and that all work will comply with all applicable codes. I understand these codes shall take precedence over all approved construction documents, and issuance of this permit is verification that I will notify the property owner of Florida Lien Law req., F.S. 713.

The issuance of this permit does not ensure compliance with deed restrictions and I understand that additional deed restrictions may apply to this property.

All work shall comply with the current Florida Building Code, Public Works Design Manual and FDOT Design Standards (if applicable). (Public Works Design Manual online link: www.ci.zephyrhills.fl.us/public_works.asp)

APPLICATION IS VOID UNLESS SIGNED WITH PROPER IDENTIFICATION AND WITNESSED BY A PERMIT TECHNICIAN OR NOTARY PUBLIC.

NOTE: The City of Zephyrhills is not responsible for maintenance or repairs of driveways. Driveways shall not alter / interfere with existing stormwater treatment and / or conveyance.

PROPERTY OWNERS: By signing this application: I certify that I have read and understand the owner/builder disclosure statement. _____ (please initial)

Applicant Print Name Applicant Signature Date

Permit Technician Signature (or) Notary Signature Date

Applicant is () personally known to me or produced _____ as identification.
(type of identification)

PERMIT APPLICATION**OFFICE USE ONLY****PUBLIC WORKS USE ONLY**

Concrete (min. 6")	Y	N
Asphalt Base (min. 6")	Y	N
Asphalt (min. 1½")	Y	N
Length (min. 19')	Y	N
Width (10' min – 20' max)	Y	N
Existing sidewalk.	Y	N
New sidewalk.	Y	N
ADA compliant.	Y	N
Expansion material required.	Y	N
Contiguous parking pad.	Y	N
Triangular flare (3'W x 7'L)	Y	N
Visibility triangle o.k.?	Y	N
Side set back (3' min. R.O.W.)	Y	N
Plan Review Fee	_____	

Additional description of work as defined by Public Works Director and or designee:

Permit application approved by: _____ Date: _____