



DRIVEWAY PERMIT APPLICATION

P.O. Box 300 700 Hwy 293 Emerson, GA 30137
Phone (770) 382-9819

Owner (Permittee): _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Contractor (If Applicable): _____

24 Hour Contact Name: _____ 24 Hour Contact Phone: _____

Location where driveway will be installed:

Address / Lot Number: _____ Street _____

Drainage Pipe Diameter: _____ Material: _____ Length (ft): _____

Please provide a sketch of the area and work to be performed:

WORK SHALL NOT BEGIN UNTIL THIS FORM HAS BEEN FILED WITH EMERSON CITY HALL. It shall be the responsibility of the permittee and contractor(s) to follow the City of Emerson Development Regulations. The permittee hereby agrees to warranty any work for a period of ONE YEAR after work is completed.

Permittee (Print Name): _____

Signature: _____ Date: _____