

**DRIVEWAY PERMIT APPLICATION
CITY OF ROCKY MOUNT, NC**

LOCATION OF PROPERTY

Access requested from _____ to _____ in _____ County.
Street Address Street Name

DRIVEWAY TYPE

RESIDENTIAL COMMERCIAL INDUSTRIAL CHURCH/SCHOOL OTHER _____

DRIVEWAY 1: Proposed width _____ feet, centerline located _____ feet / miles north / south / east / west of the intersection of _____ and _____. If applicable, list the proposed pipe material _____, diameter _____ inches, and length _____ feet.
Street Name Street Name

DRIVEWAY 2: Proposed width _____ feet, centerline located _____ feet / miles north / south / east / west of the intersection of _____ and _____. If applicable, list the proposed pipe material _____, diameter _____ inches, and length _____ feet.
Street Name Street Name

AGREEMENT

I, the undersigned applicant, on behalf of the named property owner, request permission to construct driveway(s) on public right-of-way at the above location(s) and agree to the following:

- to construct driveway(s) in absolute conformance with current City standards and approved plans as applicable,
- to provide necessary sight distance easements if deemed necessary by the City,
- to promptly repair areas disturbed by construction in City right-of-way,
- to provide and be responsible for work zone traffic control measures in and adjacent to City right-of-way in conformance with guidelines established by the ***Manual on Uniform Traffic Control Devices***, latest edition,
- to maintain driveway(s) in a manner so as not to interfere with or endanger public travel
- to indemnify and save harmless the City of Rocky Mount from all damages and claims for damage that may result from this construction, and
- to notify the City Department of Engineering not less than 48 hours prior to beginning work.

I understand that any permit issued based on this application becomes void if construction of the driveway(s) is not completed within one (1) year of the approval date shown on the permit.

Owner _____	Applicant _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Tel No. _____ FAX No. _____	Tel No. _____ FAX No. _____
Signature _____ Date ____/____/____	Signature _____ Date ____/____/____

PROVIDE A SKETCH OF PROPOSED DRIVEWAY(S) ON REVERSE SIDE OR ATTACH SITE PLANS. SUBMIT THREE (3) COPIES OF COMPLETED APPLICATION AND PLANS TO THE DEPARTMENT OF ENGINEERING, TRAFFIC DIVISION, P.O. BOX 1180, ROCKY MOUNT, NC 27802-1180. CALL (919) 972-1121 FOR ADDITIONAL INFORMATION.

CITY USE ONLY

APPROVED DENIED by _____ Date ____/____/____ Permit No. _____
Traffic Engineer

Cause for denial: _____

SKETCH THE PROPOSED DRIVEWAY(S) BELOW, OR ATTACH SITE PLANS. CLEARLY SHOW THE FOLLOWING INFORMATION:

- Locations of existing and proposed driveways and street intersections adjacent to the property.
- Existing and proposed buildings, walls, fences, pipes and culverts, signs, poles, water meters, landscaping, etc.
- North arrow and applicable dimensions (driveway width, turn radii, distances, etc.)

Recommended Scale: 1" = 20' (each block equals 2 feet). Please indicate if drawing is not to scale.