



**The City of Temple Community Development
Driveway Permit Application**

240 Carrollton Street Temple, Georgia 30179 Phone-770-562-3369 Fax- 770-562-9440
www.templega.us

I, _____, of _____
(applicant) (current address)

And _____ request permission to construct a driveway on
(Telephone number)

_____ in Carroll County.
(full street address)

The driveway will be constructed on the _____ side of the road at a point of _____ feet _____
(N/S/E/W) (N/S/E/W)

of the centerline of _____
(nearest street or road)

And the proposed use will be: _____

Permit fee: \$50.00

By signing this request, I agree to construct or have constructed the driveway as described above and in accordance with the attached requirements and all City of Temple Ordinances. I also agree that I will be responsible for the maintenance of this driveway, surface (gravel, asphalt, or concrete), and slopes.

Date: _____ Signature: _____

**** Above information to be provided by the property owner prior to issuance of permit****

******* Once the Driveway Cut Permit Request and permit fee have been received, the property owner will clearly flag the proposed driveway to be inspected by Temple Public Works to determine required pipe dimensions and proper site distance. After the pipe has been installed per requirements, the site will be inspected again by Temple Public Works before final approval is granted.*******