

OKALOOSA COUNTY DRIVEWAY PERMIT

	Permit No
I,	
I,(Printed Name of Applicant)	
(Address of Applicant)	
	mission for the construction of a driveway(s) on the following location on the
Location of intended driveway(s):	
Describe the Location:	
A sketch location of proposed driveway(s) sha	all be provided on the back of this form.
driveway(s) described herein are not const applicant will save and keep Okaloosa Cou reason of this construction said facility. T and attached sketch and to abide by the drive	cordance with County regulations in effect at time of permit is issued. If the cructed within 90 days of the date of approval the permit becomes void. The anty harmless from any and all damages, claims, or injuries that may occur by the applicant binds and obligates himself to conform to the above description way regulations stated above. The applicant further certifies that he owns, or acent to the right of way for which this permit is issued.
Applicant's Signature:	
Printed Name Here:	
Applicant's Phone:	
approved. The granting of this permit of	and has been found to meet the regulations as prescribed and is hereby loes not confer upon the applicant any property interest in the right-of-issued based solely on compliance with the constructions standards in
Permit Approved by: Date:	Title:
PLEASE RETURN PERMIT APPLICATION or Fax to – 850-689-5715. Any questions, plea	N TO: Public Works Engineering, 1759 S. Ferdon Blvd., Crestview, FL 32536 or use call 850-689-5772.
The following section is to be completed by Standards.	County Staff once the driveway has been constructed in accordance with County
Construction Approved by:	Title:

Date: _____