

City of Mount Pleasant "Experience Our History.....Explore Our Possibilities"



Department of Planning and Zoning

Curb Cut/Driveway Connection Permit

Project Address:
Map: Group: Parcel: Current Zoning Designation:
Is the property located in a Historic District? $\Box Yes \Box No$
Is any part of property in Floodplain? $\Box Yes \Box No$
Description of current use: (i.e. house, vacant, restaurant, etc.)
Name of Owner:
Address of Owner:
City, ST, Zip: Phone:
Contractor Name:(Please fill out Contractor Information Form if not already on file)
Explanation in detail below to support request:



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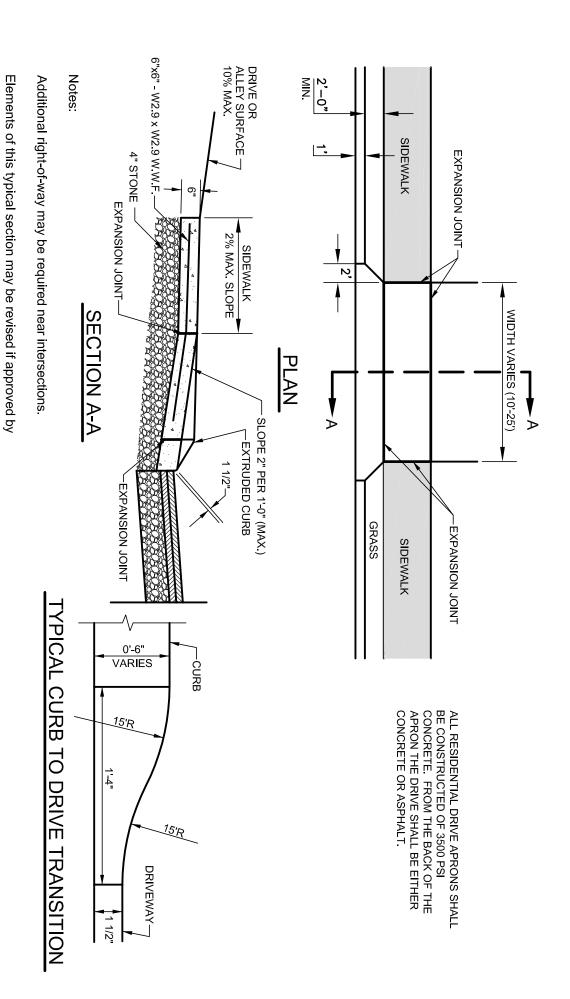


Department of Planning and Zoning

CERTIFICATE

I certify that if permission is granted for the above request that I will employ a contractor that is qualified to perform the above work in accordance with the specifications (attached) required by the City of Mount Pleasant and that the completed work will be subject to final approval by the Public Works Director of the City of Mount Pleasant.

	Name of Firm or	· Individual	
	Signature of A	Applicant	
For Internal Use Only Approval:			
Public Works:			
Inspected by:			
Date:	-		



DRIVEWAY APRON (RESIDENTIAL)

the City Engineer

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