

CITY OF ARCADE PLANNING DEPARTMENT

3325 Athens Highway, PO Box 417

Jefferson, GA 30549

Tel.: 706-367-5500

Fax: 706-367-1914

SECONDARY DRIVEWAY ACCESS PERMIT

Date: _____

Property Owner Name: _____

Address: _____

Telephone: _____ **Cell:** _____

Tax Parcel: _____

Applicant Signature: _____

Date Paid: _____ **Amount:** _____

TO: CITY OF ARCADE CITY ENGINEER

Please review the attached plat for any sight distance, drainage, traffic hazard or curbing issues that may prevent our department from issuing a land disturbance permit for a secondary driveway to this site. If no problem exists please initial the attached plat and check the appropriate box below for the customer to return to our department for review.

Recommend Approval _____

Recommend approval with listed conditions to be accomplished before the final inspection:

Recommend denial _____ **List reasons:**

City Engineer Signature

Date