



**EMERSON**

GEORGIA • EST. 1889

**DRIVEWAY PERMIT  
APPLICATION**

P.O. Box 300 700 Hwy 293 Emerson, GA 30137  
Phone (770) 382-9819

Owner (Permittee): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor (If Applicable): \_\_\_\_\_

24 Hour Contact Name: \_\_\_\_\_ 24 Hour Contact Phone: \_\_\_\_\_

**Location where driveway will be installed:**

Address / Lot Number: \_\_\_\_\_ Street \_\_\_\_\_

Drainage Pipe Diameter: \_\_\_\_\_ Material: \_\_\_\_\_ Length (ft): \_\_\_\_\_

Please provide a sketch of the area and work to be performed:

**WORK SHALL NOT BEGIN UNTIL THIS FORM HAS BEEN FILED WITH EMERSON CITY HALL. It shall be the responsibility of the permittee and contractor(s) to follow the City of Emerson Development Regulations. The permittee hereby agrees to warranty any work for a period of ONE YEAR after work is completed.**

Permittee (Print Name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_