

APPLICATION FOR ACCESS DRIVEWAY PERMIT

Date _____

Name _____

Mailing Address _____

Telephone No. _____

Physical address where culvert will be installed: _____

County Road No. _____

Precinct No. _____

Type of Driveway:

_____ Private

_____ Business

_____ Stakes 30' Apart

Location:

_____ City Limits

_____ Rural

_____ Flagged & Signed

To be completed by Commissioners' Office:

Diameter of Pipe _____

Length of Pipe _____

Type of Pipe _____

Completed By _____

Email completed application to amber.martindale@co.cooke.tx.us or bring it by 112 S. Dixon St. Suite 216.