CITY OF Warsaw

201 W. Main St. • P.O. Box 68 • Warsaw, Mo. 65355
Phone: (660) 438-5522; Fax: (660) 438-7142
welcometowarsaw.com

DRIVEWAY PERMIT APPLICATION

$25.00 per driveway

*No asphalt or concrete can be poured until the **Driveway Permit Application** has been approved by the **City of Warsaw**, and inspected by the City Building Inspector.*

Property Owner Information:

Name: _____

Address: _____
Street *City* *State* *Zip*

Phone #: _____ Alternate Phone #: _____

Email: _____

Contractor/Sub-Contractor Information:

Name: _____

Address: _____
Street *City* *State* *Zip*

Phone #: _____ Alternate Phone #: _____

Email: _____

Do you have a Business License for the City of Warsaw? (*Circle one*) **Yes** **No**
If no, MUST obtain a business license with the City of Warsaw.

I, the undersigned, hereby apply for a Driveway Permit from the **City of Warsaw** to cut, and remove, the curb within a city right of way to _____ a driveway
(Construct/Alter/Relocate)

_____ feet wide on the _____ side of _____
(Width) *(Direction)* *(Name of Street)*

to serve the _____ located at _____.
(Structure) *(Street Address)*

_____
Print Name

_____ _____
Signature *Date*

OFFICE STAFF:	
Staff Initials:	Date:
Transaction: Cash Check _____ Debit/Credit	Receipt #:
BUILDING INSPECTOR ONLY:	
Approved By:	Date: