



213 N 4th Street
P.O. Box 1669
Westcliffe, CO 81252
Off: 719-783-2281 Fax 719-783-0391

DRIVEWAY ACCESS PERMIT

Date of Issue: _____ PERMIT # _____

Name (s) of Landowners: _____

Contact phone# _____

Mailing Address: _____

Legal Description or Address of Property: _____

Comments: _____

THIS PERMIT IS ISSUED FOR THE PURPOSE OF AUTHORIZING THE ABOVE NAMED APPLICANT TO INSTALL A DRIVEWAY APPROACH WITHIN A PUBLIC RIGHT OF WAY.

FAILURE TO OBTAIN THIS PERMIT BEFORE COMMENCING WORK MAY RESULT IN A PENALTY FEE OF **\$200.00** ASSESSED THE PROPERTY OWNER

NOTE: TO APPLICANT: C.C R&B MUST BE NOTIFIED UPON COMPLETION

Permit Fee: **\$100.00** Penalty Fee \$ _____ Total Fee \$ _____ Ck# _____

Property Owner or Contractor _____

Contact phone# _____

Agent for C.C. R & B _____

Culvert Size _____ Note: _____

Final Inspection By: _____ **Date:** _____

Minimum Culverts Requirements: 15" x 30' (Size to be determined by C.C. R & B Supervisor/Asst Supervisor) NO plastic culverts will be allowed in County right away