City of DICKSON
Established 1899
Public Works
" Providing Tomorrows Services, Today "

Driveway / Culvert Permit Application

Contact Information

Applicant Name: _____

Property Owner: _____

Address: _____

Contact Number: _____

Email: _____

Is work being performed by a contractor? Yes ☐ No ☐

Contractor's Name: _____

Company Name: _____

Address: _____

Contact Number: _____

Email: _____

Project Information

Address / Location of Proposed Driveway: _____

Map: _____ Group: _____ Parcel: _____

Proposed Start Date: _____

An erosion plan must be submitted with application

Driveway Location Sketch

A sketch must be attached to this application that demonstrates the location / orientation of the driveway in relation to the city street / infrustructure, which must include the roadside ditch and proposed pipe.

**** NOTE: First 20 ft, as measured from the edge of roadway, must be hardscaped (concrete, asphalt, treated)****

Applicant Signature

Please check the box that applies:

☐ I hereby request permission to construct, by private contract, the work and improvements described above, and agree to perform the work in accordance with any and all City of Dickson codes, ordinances, plans, and conditions. I understand this driveway permit will expire and become null and void if substantial work authorized by such permit has not commenced within six months.
I must notify the Public Works Dept when such work has been completed and is ready for final inspection. _____ ***(Initial)***

☐ I hereby request the City of Dickson to install and/or replace the driveway culvert. I understand as the property owner I am responsible for payment of all fees and materials used.

Applicant Signature: _____

Date: _____

Signature of Public Works Employee: _____

Date: _____

City Use Only

Permit # _____

Sidewalk / Curb Cut Information:

Is curb and/or sidewalk cut required for the driveway? Yes ☐ No ☐

Length of cut: _____ Fee: _____

Fee calculation for curb or sidewalk cut:	$150 for first 20 feet Each additional lineal foot of cut shall be $10

Culvert Information:

Pipe: Length: _____ Diameter: _____

Type: _____

Final Inspection Completed By:

Signature: _____

Printed Name: _____

Date: _____

Applications may be submitted to jporter@cityofdicksontn.gov