Clay County Driveway / Drainage Structure Application Form Owner / Parcel Information Owner Name: Parcel ID Number: Physical Address: Mailing Address: bradysiser@ hotmast. com Email: Phone Number: Type of Permit Requested Driveway Upgrade **Existing Driveway New Residential Driveway** New Commercial Driveway Other Drainage Structure (Non-Driveway) **Driveway Replacement** Owners Acknowledgement & Consent I acknowledge that I must stake driveway location within 1 (one) business day of the date of the application. As the applicant I also acknowledge that there may be wetlands, subject to my property, and it is my responsibility to notify or contact the appropriate environmental agency (Florida Department of Environmental Protection or St. Johns River Water Management District) to ensure that I have not mistakenly altered, encroached, or damaged a wetland. I understand and acknowledge that I am responsible and liable for meeting all Clay County regulations and for acquiring and adhering to any other agency and their permits that may have jurisdiction. I hereby authorize the below mentioned contractor / applicant to act on my behalf to install the driveway / drainage structure requested. I understand that I am Jiable for the actions of my designee and that it is my responsibility as permit holder to meet all Clay County and other jurisdictional requirements. Date: **Owner Signature Contractor/Agent Information** ust Excavator Phone: 701-850-7083 Contractor / Agent Name: 56560 Official Use **Application Status: ™** Recommended Denied ☐ Driveway Culvert Not Required ☐ Existing Driveway Pipe Size & Type: Invert Elevations Left: Benchmark Placement /Conditions: PWD# Inspector: Review Date: Official Use Central Collection Fee: Number: Received By:

