

**APPLICATION FOR DRIVEWAY PERMIT  
City of Hamilton, Georgia**

Date \_\_\_\_\_

Permit No. \_\_\_\_\_

\_\_\_\_\_  
Type of Building

\_\_\_\_\_  
Location

Owner's Name \_\_\_\_\_

Contractor \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Culvert Size \_\_\_\_\_

Telephone \_\_\_\_\_

Approved \_\_\_\_\_

Public Works Director

Signature \_\_\_\_\_

**CALL BEFORE YOU DIG 811 OR 1-800-282-7411**