Date of Application: _____ Permit No.: _____

TIOGA COUNTY HIGHWAY DEPARTMENT
DRIVEWAY PERMIT

Applicant: _____ Phone: _____

Address: _____ Email: _____

_____

Driveway Location: _____
(Road Name)

_____
(Location Example: Mail Box No., House Description, miles from Intersection)

Desired Width of Driveway Work _____ Feet and Inches

New Driveway _____

Driveway Pipe _____

Resurface Existing Drwy _____

General Repair of
Existing Drwy. _____

Other _____

Deliver to:

Tioga County Public Works
477 Rte 96
Owego, NY 13827
Ph. 607-687-0302
Fax 607-687-4453

_____

DO NOT WRITE BELOW THIS LINE

1. Permits will be processed within seven (7) days of application date.
2. This permit is not transferable.
3. Refer to attached permit regulations for further information.
4. Permit fee will be based upon size and length of pipe required.

Site Visited: _____
Date

By: _____

Recommended Driveway Pipe Size, if required: _____

Recommended Pipe Length: _____

Permit Approved: _____ Disapproved: _____

By: _____ Dated: _____

****All driveways must be graded in a manner, that will prevent drainage onto county roads.****

See attached sheet for recommended driveway plan and profile