



# DRIVEWAY/CURB CUT

## PERMIT APPLICATION

Inspections Division  
 301 N Broadway, Moore, OK 73160  
 (Phone) 405-793-5051 (Fax) 405-793-5057  
[inspections@cityofmoore.com](mailto:inspections@cityofmoore.com)

Submittal Date: \_\_\_\_\_

Permit # \_\_\_\_\_

### PROJECT INFORMATION

Project Address		City	State	Zip Code
Lot	Block	Subdivision		
Construction Type:		Driveway Approach:	Sidewalk:	Tinhorn, if applicable:
<input type="checkbox"/> New Curb Cut / Driveway <input type="checkbox"/> Existing Curb Cut / Driveway Reconstruction <input type="checkbox"/> Other _____		<input type="checkbox"/> Concrete <input type="checkbox"/> Other _____  Width _____ Feet Thickness _____ Feet  Curb Cut: Width _____ Feet	<input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please give the following measurement:  Width _____ Feet	<input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, material used: <input type="checkbox"/> Galvanized <input type="checkbox"/> Concrete <input type="checkbox"/> HDPV <input type="checkbox"/> Other _____  Size _____ Inches
Project Type:				
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial / Industrial <input type="checkbox"/> Other _____				

### APPLICANT INFORMATION

Applicant Name	Applicant Address	Applicant Phone Number 1
City	State	Zip Code
Applicant Email		Applicant Phone Number 2

### CONTRACTOR INFORMATION

SAME AS APPLICANT

Company Name	Company Address	Company Phone Number 1
City	State	Zip Code
Company Email		Company Phone Number 2

### OWNER INFORMATION

SAME AS APPLICANT     SAME AS CONTRACTOR

Owner Name	Owner Address	Owner Phone Number 1
City	State	Zip Code
Owner Email		Owner Phone Number 2

I HEREBY CERTIFY THAT THE STATEMENT IN THIS APPLICATION AND THE ATTACHMENTS HERETO ARE TRUE AND CORRECT AND THAT THE PROPERTY OWNER HAS GIVEN PERMISSION FOR THIS WORK TO PROCEED. I FURTHER CERTIFY THAT ALL CONSTRUCTION WORK UNDER THIS PERMIT WILL CONFORM TO THE ATTACHED PLANS, SPECIFICATIONS, AND TO THE CODES AND ORDINANCES OF THE CITY OF MOORE. I CERTIFY THAT THE CODE OFFICIAL OR THE CODE OFFICIAL'S AUTHORIZED REPRESENTATIVE SHALL HAVE THE AUTHORITY TO ENTER AREA COVERED BY SUCH PERMIT AT ANY HOUR TO ENFORCE THE PROVISIONS OF THE CODE(S) APPLICABLE TO SUCH PERMIT.

Applicant Signature	Applicant Name (Print)	Date
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### DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Tinhorn Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Driveway Meets City Specification: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Building Safety Division**</b>	
Signature: _____ <input type="checkbox"/> Approve <input type="checkbox"/> Deny    Date: _____	
<b>Planning**</b>	
Signature: _____ <input type="checkbox"/> Approve <input type="checkbox"/> Deny    Date: _____	

\*\*Remarks to be printed on permit, if any:



PROJECT ADDRESS: \_\_\_\_\_ PERMIT # \_\_\_\_\_

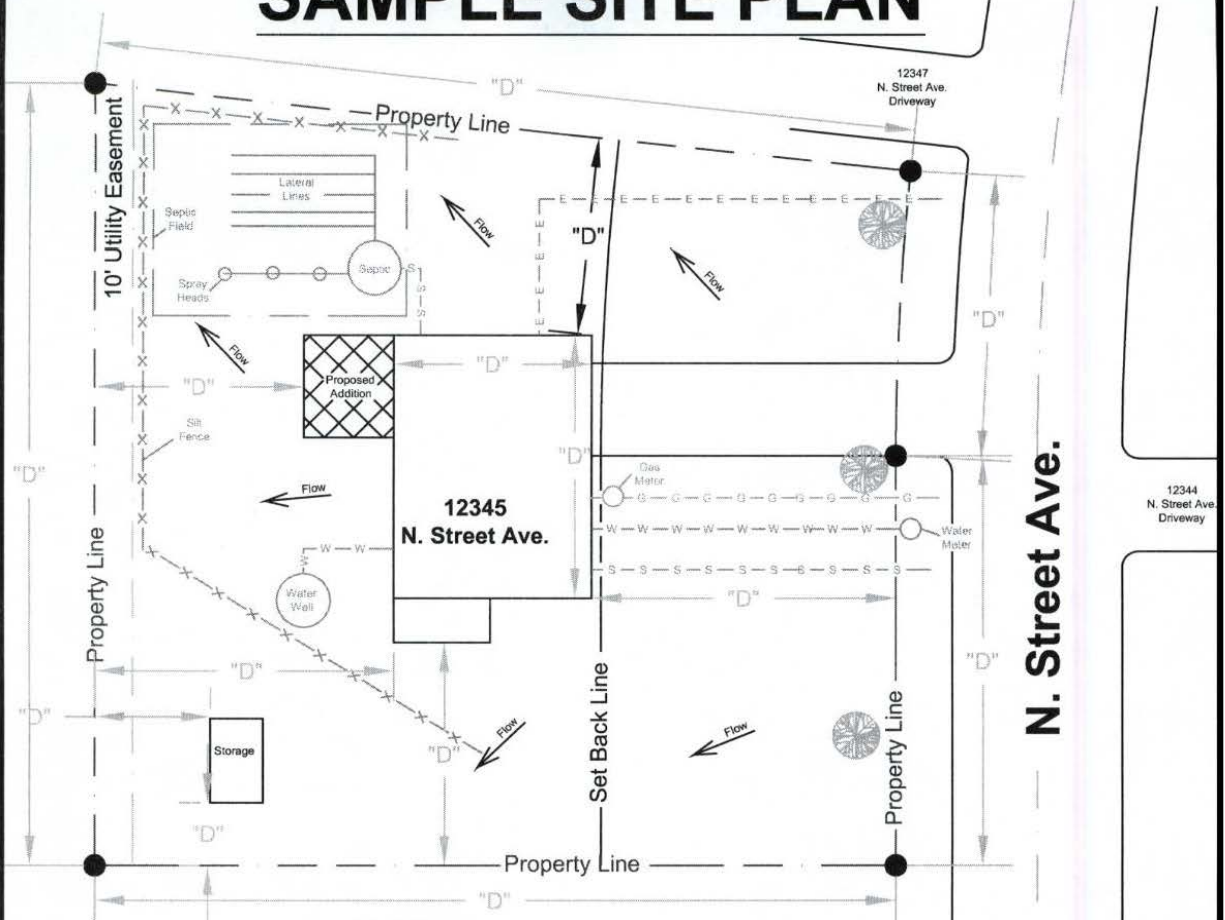
APPLICANT NAME: \_\_\_\_\_ APPLICANT PHONE # \_\_\_\_\_

SITE PLAN



A large grid area for drawing the site plan, consisting of a 30x30 grid of squares. The grid is mostly empty, with a north arrow symbol in the top right corner.

# SAMPLE SITE PLAN



## LEGEND

	Drainage Flow Arrow
	Silt Fence (Erosion Control)
	Natural Gas Service Line
	Water Service Line
	Sanitary Sewer Service Line
	Electrical Service Line
	Tree

**John Doe**  
**(405) 555-5555**  
**Jan. 1, 20XX**



## CHECKLIST

- |  |  |
|--|--|
| <input type="checkbox"/> Address                     | <input type="checkbox"/> Driveway                            |
| <input type="checkbox"/> Street Name(s)              | <input type="checkbox"/> Neighboring Driveway                |
| <input type="checkbox"/> Property Line w/Dimensions  | <input type="checkbox"/> Landscaping                         |
| <input type="checkbox"/> Structure(s) w/Dimensions   | <input type="checkbox"/> Drainage Flow Arrows                |
| <input type="checkbox"/> Setback lines               | <input type="checkbox"/> Erosion Controls                    |
| <input type="checkbox"/> Existing/Proposed Utilities | <input type="checkbox"/> Flood Zone Boundary (if applicable) |
| <input type="checkbox"/> Water Service               | <input type="checkbox"/> Retaining Wall(s)                   |
| <input type="checkbox"/> Water Well                  | <input type="checkbox"/> Scale                               |
| <input type="checkbox"/> Sanitary Sewer Service      | <input type="checkbox"/> North Arrow                         |
| <input type="checkbox"/> Septic System               | <input type="checkbox"/> Date                                |
| <input type="checkbox"/> Electrical Service          | <input type="checkbox"/> Contact Information                 |
| <input type="checkbox"/> Natural Gas Service         |  |