

* = Required fields are necessary

= ADMINISTRATIVE USE ONLY

CITY OF SAINT HEDWIG DRIVEWAY-APPROACH APPLICATION

PERMIT NO. _____

*DATE: _____ 20____

Permission is hereby requested to install the following

Driveway/Approach

Temporary End Date: _____ (see note 10)

* Address(street or intersection): _____ Lot#: _____ Block#: _____
Subdivision plat#: _____ Subdivision name: _____

All Activity authorized in the City of Saint Hedwig right-of-way shall be done in accordance with the regulations of Saint Hedwig and subject to the requirements set out in Bexar County's "Standard specifications for Right-of-Way Permits."

SPECIALCONDITIONS: _____

POLICIES AND PROCEDURES

- Applicant must furnish, install and maintain at all times during construction appropriate warning signage and required traffic control devices in accordance with the Texas Manual on Uniform Traffic Control Devices (TMUTCD) in order to properly warn, guide, and control traffic. All required traffic control/warning devices must be installed prior to beginning the construction authorized by an issued permit.
- All underground utilities shall have MINIMUM 30 inches of cover.
- For driveway inspections, inspectors have 48 hours from receipt of notification to do an inspection.
- Applicant must notify the Inspection at 210-667-9568 with permit number at least 24 hours before starting the construction activity. No inspection will be made without a permit.
- Permit expires six (6) months from the date of acceptance.
- Permit fee is non-refundable. No consideration will be made for duplicate or transfer of permit.
- Any deviation from the above Policies and Procedures must be approved by Development Services before applying for a permit.
- Property owner shall be responsible for the maintenance of the driveway approach and sidewalks.
- All damaged pavement must be reconstructed to existing or better condition. Limits of reconstruction will be determined by the City Engineer or Inspector.
- All temporary construction activities (TCA) REQUIRE an "end date" for the temporary construction to be removed. Any disturbed area due to the TCA in the right-of-way shall be reconstruction to better or existing conditions.

Approves and permission granted:

_____ Date

_____ City Official

Permit Fee: _____

Receipt No: _____

* Applicant

* Address

* City/State/Zip

* Phone

* Email

COMMENTS: SEE ATTACHED SPECIFICATIONS: _____

INSPECTOR WILL REQUEST PROOF OF PERMIT AT THE JOB SITE