

HEARD COUNTY DRIVEWAY PERMIT APPLICATION

***Please include check or money order for \$40.00 and a Prepaid self
addressed envelope***

***Please Return all to P.O. Box 397 Franklin GA, 30217**

No. _____

Date: _____

Applicant's Name: _____

Mailing Address: _____

Contact Number: _____

Location of Proposed Driveway: (Note: Location must be flagged by owner)

Approved: _____

Pipe Size

Disapproved: _____

Required: _____

Reason for Disapproval and Recommended Remedy:

By: _____ Date: _____

Title: _____