



GOVERNMENT OF THE U.S. VIRGIN ISLANDS

DEPARTMENT OF PUBLIC WORKS

DRIVEWAY PERMIT APPLICATION

DATE: _____

NAME: _____

OWNER MAILING ADDRESS: _____

TELEPHONE: _____

PARCELS(S) NUMBER/ADDRESS: _____

LOCATION DESCRIPTION OF DRIVEWAY: _____

DESIGNER'S NAME: _____

MAILING ADDRESS: _____

TELEPHONE: _____

REGISTRATION NUMBER: _____

BUILDER'S NAME: _____

TELEPHONE NUMBER: _____

1. DRIVEWAY WIDTH: _____ ft.

2. SWALE WIDTH: _____ in.

3. SWALE LENGTH: _____ ft.

4. SWALE DEPTH: _____ ft.

5. GRADE OF PROPOSED DRIVEWAY AT INTERSECTION OF PUBLIC ROAD AND/OR HIGHWAY:

6. INVERT DEPTH _____ FEET, WIDTH _____ FEET & LENGTH _____ FEET
ALONG INTERSECTION OF CULVERT

DEPARTMENT USE ONLY

ROAD PERMIT NO: _____

DATE ISSUED: _____

PERMIT FEES: _____

PERMIT APPROVED: _____

PERMIT DISAPPROVED: _____

REMARKS: _____

COMMISSIONER OF PUBLIC WORKS

Please submit four (4) copies of map showing: site plan, location map and detailed roadway drawings.