



432-498-4241

DEVELOPMENT SERVICES

1010 E 8<sup>TH</sup> ST. STE 114

# DRIVE APPROACH PERMIT

Permit Number \_\_\_\_\_

## 1. APPLICANT

Applicant's Name: \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone \_\_\_\_\_

## 2. LOCATION

Subdivision: \_\_\_\_\_

Section: \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Acreage/Lot Size \_\_\_\_\_ Road Frontage \_\_\_\_\_

Property Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## 3. PURPOSE FOR PERMIT

New

Improved

## 4. TYPE

Residential

Commercial

If commercial, please provide information below

Name of Business \_\_\_\_\_

Type of Business \_\_\_\_\_

Other \_\_\_\_\_

Heavy Truck Traffic  Yes  No

Attach Details and Specifications  Yes  No If No, reason \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE FILLED OUT BY COUNTY OFFICIAL**

**Inspector will request proof of permit at job site.**

**\*Permit is valid for 6 months\***

Date Issued _____	Precinct Number	1	2	3	4
Site/Development Plan <input type="checkbox"/>	Inspector _____	District	1	2	3
Culvert <input type="checkbox"/> Yes <input type="checkbox"/> No Diameter _____	Permit Tech _____				

**\*Please see next page for requirements before submitting\***

[planning.development@ectorcountytexas.gov](mailto:planning.development@ectorcountytexas.gov)

[co.ector.tx.us/page/ector.PlanningDevelopment](http://co.ector.tx.us/page/ector.PlanningDevelopment)



### Requirements for Drive Approach Permit

- Valid Address
- Site Plan
  - Residential – Location of structure, septic and water well within property lines with dimensions from each other  
See example below
  - Commercial – Engineer Design
- Flood Zone – Elevation Certificate

Site Plan Example

### Example Residential Site Plan

