

Port LaBelle Community Development District

P. O. Box 1605, LaBelle, Florida 33975

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(863) 675-5770 Fax (863)675-9297

www.plcdd.net

F.S. Chapter 190 Government District

DRIVEWAY PERMIT APPLICATION

PERMIT NO. _____

Date Issued _____

Expires One Year from this date

FEE \$75.00 CHECK # _____ CASH _____ Received By _____

Part 1 - To be completed by applicant:

Plat Unit _____ Block _____ Lot _____

Sight Address: _____

Permit requested by: **Builder** - _____

Builder is an _____ Owner OR an _____ Agent **(Check One)**

Agent Mailing Address: _____

Agent Phone # _____ Agent Fax # _____

Landowner Name: _____

Landowner Mailing Address: _____

Landowner Phone # _____ E-mail Address /
Landowner Fax # _____

NOTIFY PLCDD OFFICE WHEN COMPLETE AND READY FOR INSPECTIONS

Part 2 - To be completed by PLCDD Field Supervisor:

Type of swale crossing needed:

_____ Culvert (To be set at natural ditch bottom) _____ Dipped Driveway (must not restrict water flow)

Culvert size required _____ Length _____ Ft.

MITERED ENDS REQUIRED ON ALL CULVERTS

1st Inspection Approved for installation

Date _____ Inspected By _____

2nd Inspection Drive formed & ready for culvert or dipped drive

Date _____ Inspected By _____

3rd Final Inspection Culverts clear _____ Swales clear and to grade _____

Culvert size installed _____ Length _____ Ft.

Date _____ Inspected By _____