ENGINEERING DEPARTMENT

DRIVEWAY STAKEOUT

REQUEST FORM

FAX: 871-5289

(PLEASE PRINT)

DATE OF REQUEST:

BUILDER NAME:

BUILDER PHONE:

BUILDER FAX:

PERSON MAKING REQUEST:

**** THIS BOX FOR OFFICE USE ONLY ****

EMAILED:_____ FAXED:_____

Engineering Dept to fill in Confirmation Date (date in computer): _____

Permit #	Lot	Block	Section / Unit	Address	Engineering Dept. Check off

**** PLEASE DO NOT SUBMIT DUPLICATE STAKEOUT REQUESTS ****

If the stakeout request is faxed/received after 5:00pm the request will be input as the next business date.
(Same for Holidays, when the department is closed)