

JEFFERSON COUNTY, FLORIDA PLANNING DEPARTMENT

445 W. PALMER MILL ROAD - MONTICELLO, FLORIDA 32345
Phone (850) 342-0223 - Fax: (850) 342-0225



Road & Driveway Connection Packet

All NEW road/driveway connections and driveways more than one (1) year in age that connect to a County-maintained road shall be required to obtain a Jefferson County Road & Driveway Connection Permit. This process will ensure the Jefferson County Road Department:

1. Is aware of all vehicular connections to the county-maintained roadway system.
2. Will determine if a culvert will be required at the connection to the County Road to ensure the continued function of the County Road drainage system.
3. To inspect and determine the culvert was installed correctly.

DRIVEWAY CONNECTION PERMITS WILL NOT BE REQUIRED WHEN CONNECTING TO A PRIVATE ROAD

Date of Application: _____

Permit Fee: **\$53.00**

Make checks payable to: Jefferson County Board of County Commissioners

REQUIRED INFORMATION:

Owner Name: _____

Current Mailing Address: _____

City: _____ State _____ Zip: _____ Phone #: _____

Driveway 911 Address: _____

City: _____ State _____ Zip: _____

Parcel Tax ID #: _____ - _____ - _____ - _____ - _____ Prop ID #: _____

Purpose of driveway (CHECK ONE): Residential, Commercial, Development

If a new Development, approved name of new road: _____

1. Attach a recorded copy of the warranty deed.
2. Draw or attach a simple location map.
3. Stake the middle of proposed driveway with **WHITE** flagging material.

Notify the Road Department at least 24 hours prior to requested date of inspection:

**Jefferson County Road Department
850-997-2036**

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Written directions from Courthouse Circle to Proposed driveway location:

DRAW MAP BELOW

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AGENT AUTHORIZATON FORM

I/WE, (PRINT PROPERTY OWNER NAME) _____,
AS THE OWNER(S) OF THE REAL PROPERTY DESCRIBED AS FOLLOWS:

Current Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Parcel Tax ID #: _____ - _____ - _____ - _____ - _____ Prop ID #: _____

Project Address: _____

City: _____ State: _____ Zip Code: _____

DO HEREBY AUTHORIZE TO ACT AS MY/OUR AGENT (PRINT AGENT'S NAME), _____,
_____, TO EXECUTE ANY PETITIONS OR OTHER
DOCUMENTS NECESSARY TO AFFECT THE APPLICATION APPROVAL REQUESTED AND TO APPEAR ON
MY/OUR BEHALF BEFORE ANY ADMINISTRATIVE OR LEGISLATIVE BODY IN THE COUNTY CONSIDERING
THIS APPLICATION AND TO ACT IN ALL RESPECTS AS OUR AGENT IN MATTERS PERTAINING TO THE
APPLICATION.

State of Florida
County of _____

Pursuant to Section 117.05(13)(a), Florida Statutes, the forgoing instrument was sworn to (or affirmed)
and subscribed before me by means of physical presence, this _____ day, of _____ month,
20_____, by _____.

Personally Known
OR

Produced Identification
Type of Identification Produced _____

(Signature of Notary Public-State of Florida)

(Name of Notary Typed or Printed)

(Seal)

Applicant Printed Name

Applicant Signature

Date: _____