



ABERDEEN CITY COUNCIL
APPLICATION FOR A DRIVEWAY

NAME: _____

ADDRESS: _____

Home Tel. No.

Daytime Tel. No.

Table with 2 columns: Question, Answer. Rows include: 1. The property is a Council House. * Yes / No; 2. The property is a flat. * Yes / No; 3. The proposed driveway is at right angles to the road * Yes / No; 4. The proposed driveway is a minimum of 5.0 metres long * Yes / No

* Delete as appropriate

Please provide a sketch plan of the site showing the position of the proposed driveway.

Signed:

Date:

Return this form to:

Aberdeen City Council
Enterprise, Planning & Infrastructure
Driveway Applications
74-76 Spring Garden
1st Floor
Aberdeen
AB25 1GN

OFFICE USE
Signed (Officer) : Date: REF. NO