

**APPLICATION FOR DRIVEWAY ACCESS CONSTRUCTION PERMIT**

Tax Map # _____	Date Application & Fee Received: _____	PERMIT # _____
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A permit is necessary for any work done within right of way limits of town roads, not including cutting brush or weeds. All driveway access *MUST* be constructed in accordance with Driveway Standards set forth on Page 2 of this Application. Any damage to the town highway must be repaired to town specifications. This Permit Application void in the event of misrepresentation or failure to complete construction of driveway within 12 months of date of issuance of the Driveway Access Construction Permit. (Fee: \$30.00 + \$13.00 Recording - 2nd Circular drive Fee: \$400.00 + \$13.00 Recording) (form revised 12/04/07)

Property Owner(s) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

( ) \*Appropriate agency authorization is attached. (individual, Letter of Authorization. Corporation or LLC: Corp Vote/Certificate of Managing Partner,)

**Location of Property:** \_\_\_\_\_

**All Applications Require:**

1. Plan or Drawing showing the location of the proposed driveway. All Driveways must be clearly marked & flagged.
2. Certificate of Liability Insurance covering contractor in accordance with Liability Insurance Requirements Policy of 9-19-07.
3. Contractor to schedule site visit with Road Supervisor/Road Foreman (Tues. mornings 8:00 & 12:00 from May 1<sup>st</sup> – Nov 30<sup>th</sup> to obtain Permit)
4. NO driveway access construction work may be done from December 1<sup>st</sup> thru April 30<sup>th</sup>.

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

**Driveway Access Construction Permit**  
Permit VOID if construction of driveway is not completed within 12 months of date of issuance.

**CONDITIONS:**

1. Driveway is to be constructed in conformance with attached Driveway Standards (See Page 2 attached)
2. Site Line: ( ) Okay  
( ) Conditions \_\_\_\_\_
3. Culvert: ( ) None  
( ) Specific Requirements \_\_\_\_\_
4. Other: \_\_\_\_\_

Date of Site Inspection/ Permit Issued: _____	Road Supervisor/Road Foreman: _____	Town Manager: _____
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**\*\*\* Driveway Access Construction Permit Inspection \*\*\***

Date of Inspection: _____	( ) APPROVED	( ) NOT Approved	Reason: _____
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Re-inspection Date: _____	( ) APPROVED	( ) NOT Approved	Reason: _____
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