Town of Wilmington, Vermont APPLICATION FOR DRIVEWAY ACCESS CONSTRUCTION PERMIT

Tax Map# **Date Application & Fee Received:** PERMIT #

access MUST be constructed in accord highway must be repaired to town spec	ance with Driveway Star cifications. This Permit A onths of date of issuance of	ndards set forth on I Application void in t of the Driveway Acc	not including cutting brush or weeds. All driveway Page 2 of this Application. Any damage to the town he event of misrepresentation or failure to complete ess Construction Permit. (Fee: \$30.00 + \$18.00 Recording -
Property Owner(s) Name:			Phone:
Mailing Address:		·	
Contractor Name:			Phone:
Mailing Address:			
Agent Name:			Phone:
Mailing Address:	hed. (individual, Letter of Auth	norization. Corporation o	r LLC: Corp Vote/Certificate of Managing Partner,)
Location of Property:			
2. Certificate of Liability Insurance	covering contractor in a vith Road Supervisor/Ro	accordance with Lia and Foreman (Tues.	ways must be clearly marked & flagged. ability Insurance Requirements Policy. mornings 8:00 & 12:00 from May 1 st – Nov 30 th to obtain Permit) ru April 30 th . Signature Date
Permit VOID if co		cess Constructi	on Permit vithin 12 months of date of issuance.
1. Driveway is to be constru 2. Site Line: () Okay () Condition			veway Standards (See Page 2 attached)
3. Culvert: () None () Specific Requiremen	ts		
4. Other:			
Permit Issued: S	Road Supervisor/Road Foreman:		Town Manager:
*** I	Driveway Access Co	onstruction Per	rmit Inspection * * *
Date of Inspection:	() APPROVED	() NOT Approved	Reason:
Re-inspection Date:	() APPROVED	() NOT Approved	Reason:
		Road Superviso	or/Road Foreman Date

