Town Of Highgate

APPLICATION FOR DRIVEWAY PERMIT

( ) Original for Recording
( ) Applicant
( ) Contractor
( ) File Copy
( ) Public Posting Book
( ) Lister

Application #:_____Date:_____
911 #_____

The undersigned hereby applies for permission to make certain improvements as described below. All construction to be completed in accordance with the regulations set by the Town Selectboard.

Owner:_____

Road Name:_____

Tax parcel #(From Grand list Book)_____

PERMIT VALID TWELVE MONTHS FROM DATE OF ISSSUANCE

Sketch to existing Town Road & location of culvert & driveway. Mark "N" at compass point indicating North. Show a measured distance from a known point along road to proposed driveway access point and flag with colored survey ribbon

Remarks:_____

CULVERT is: NECESSARY (__) or NOT NECESSARY (__) If culvert and/or ditches are needed, contact the Town Road Foreman @ 868-4697 x207 FOR THE PROPER SIZE. Culverts to be 18 inches by 30 feet.

The undersigned applicant certifies that the information above is correct.

_____ _____
Signature of applicant Mailing address including town & zip code Phone number

PERMIT DOES NOT BECOME VALID UNTIL SIGNED BY TOWN ROAD FOREMAN:

Remarks or reasons for rejections:_____

Fee Paid $_____Date_____
Application: Approved_____Rejected_____
Permit # _____
Issued to:_____
Date:_____

_____
Town Road Foreman's Signature Date

For office use only.
Received & Recorded
Date:_____Time:_____
Book::_____Page:_____
Land Records

_____
Town Clerk Highgate, VT