

TOWN of DANVILLE
P.O. Box 183
DANVILLE, VERMONT 05828
Application for Highway Curb Cut/Driveway Permit

Date: _____ Permit#: _____

Applying for: Temporary Access Permanent Access Road Access

Fee \$50.00 attached Yes check _____ cash

Property Owner's Name: _____ Phone #: _____

Mailing Address: _____

E-mail Address: _____

Property Owner's Name: _____ Phone #: _____

Mailing Address: _____

E-Mail Address: _____

Applicant's Name (if different): _____

Mailing Address: _____

E-Mail Address: _____

E-Mail me correspondence: Yes No

Location where proposed work will be done:

Parcel ID#: _____ Town Highway#: _____ Road Name: _____

Describe the nature of work to be done: _____

(Attach sketch with dimensions and location map)

Date (s) work to be done: _____

Work to be done by: _____

Traffic Control required: Yes No If yes, describe how traffic control will be maintained.

I have read and understand the **HIGHWAY CURB CUT/DRIVEWAY POLICY** of the Town of Danville and agree to abide by its conditions.

Property Owner's signature: _____

Property Owner's signature: _____

Applicant signature (if applicable): _____

Received by Town of Danville on: _____ by _____ with the fee of \$50.00.

Note: Fee includes a \$30.00 recording fee. (\$15.00 Permit Recording, \$15.00 Certificate of Compliance Recording)

Road Foreman's Comments and Conditions: _____

Selectboard Decision:

The application of _____ to install a driveway within the Town's right-of-way on Town Highway # _____

Town Road name _____ is hereby:

Approved with Road Foreman's Comments and Conditions Above

Denied for these reasons:

Danville Selectboard Members:

Date: _____

