

TOWN OF WALLINGFORD

75 School Street, Wallingford, VT 05773

DRIVEWAY ACCESS PERMIT

802-446-2974; Fax: 802-446-3174

Application # _____ Received: _____ To Road Superintendent: _____
(Use Zoning Permit Application number if submitted together)

Owner/Applicant* _____ Phone(s): _____
(*If not owner, submit letter authorizing agent status)

e-mail address: _____

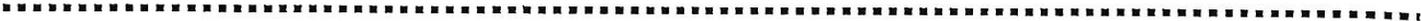
Mailing Address: _____

Property Address _____ Parcel ID# _____

Description of work (attach sketch) _____ Date work begins _____

Signature of Owner/Applicant: _____ Date _____

Fee: \$35: _____ paid Check #: _____ (\$25 Driveway Permit + \$10 per page Recording Fee)



DRIVEWAY PERMIT APPROVAL – ROAD COMMISSIONER

This permit is issued with the following directions, restrictions and/or conditions, and covers only the work described hereinafter, and then only when the work described is performed as directed, and subject to the special conditions below:

Work to be completed by _____

Road Commissioner

Date

This permit covers only the rights vested in the Town of Wallingford over the highway and it does not release the petitioner from the requirements of other statutes, ordinances, rules and regulations. This permit is effective upon compliance with such of these other requirements as are applicable.