

TOWN OF WALLINGFORD

75 School Street, Wallingford VT 05773

DRIVEWAY ACCESS PERMIT

802-446-2974 Fax 802-446-3174

Application # _____ Date Received: _____ Date To Road Commissioner: _____

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

E-mail address: _____

Mailing address: _____

E911 Locatable Property address: _____ Parcel D#: _____

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

Signature of Owner/Applicant: _____ Date: _____

Fee: \$ _____ paid Check # _____ (\$35 Driveway Permit + \$15 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: _____

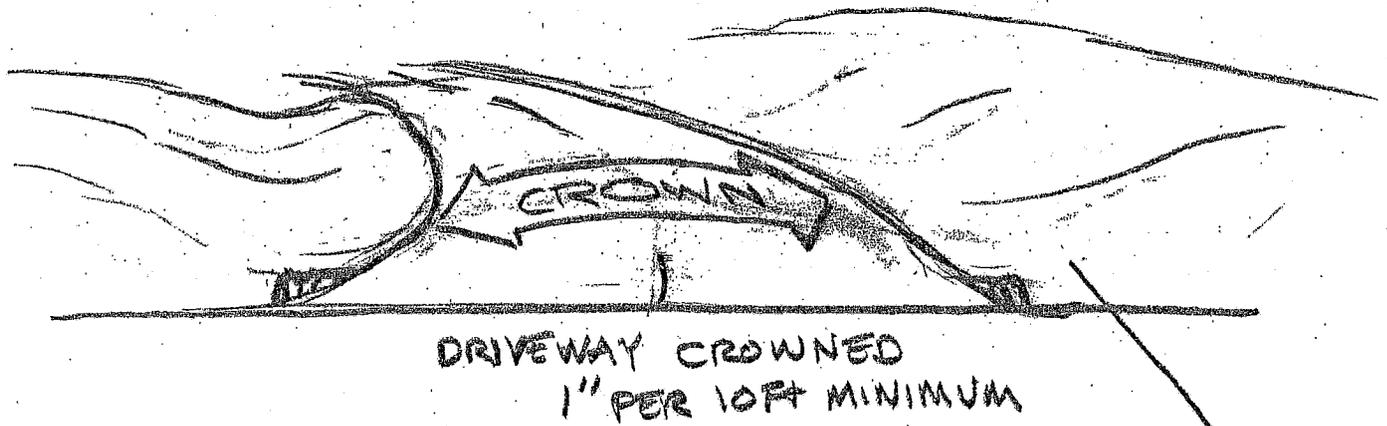
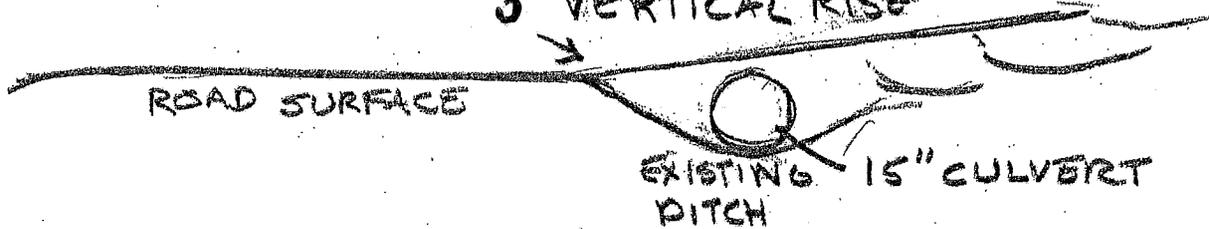
Road Commissioner

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.

Date submitted copy to E911 Coordinators: _____

DRIVEWAY SHOULD
NOT ENTER ROADWAY
AT MORE THAN A
3° VERTICAL RISE



ADEQUATE
DITCHING ALONG
DRIVEWAY TO
DIRECT RUNOFF
INTO EXISTING
DITCH

DRIVEWAY/CULVERT
SPECIFICATIONS FOR
CASES WHERE THERE IS
AN ACTIVE DITCHLINE.