TOWN OF DELHI

DRIVEWAY PERMIT APPLICATION

**PLEASE NOTE: Driveway placement must be coordinated first with code enforcement, then with the highway superintendent.

For Office Use Only:				
Date:	Fee Amount:	Method of Payment:	Receipt #:	Rec'd By:

1. Owner Information

Owner Name: _____

Property Address: _____

Owner Telephone Number: _____ Owner Email Address: _____

2. Applicant Information (if different than owner)

Applicant Name: _____

Applicant Telephone Number: _____ Applicant Email Address: _____

☐ Written authorization from the property owner is attached.

3. Contractor Information (ALL CONTRACTORS SHALL SUBMIT A CURRENT LIABILITY INSURANCE & WORKERS COMP CERTIFICATE)

Contractor Name: _____

Contractor Phone Number: _____ Contractor Email: _____

Insurance Carrier: _____ Policy #: _____ Expiration:_____

4. Name of Road from which access is needed: _____

5. Driveway Classification: Check ALL boxes that apply

( ) Residential ( ) Commercial ( ) Logging ( ) New Driveway ( ) Pre-existing Driveway

6. Describe exactly how to get to your proposed driveway. Attach a sketch of proposed driveway showing dimensions, distances from lot lines and location of existing or proposed buildings. Driveway must be flagged so Highway Superintendent can find it:

_____

_____

_____

_____

_____

7. Failure to obtain a driveway permit, and construct driveway according to approved application, may require that driveway be removed at owner's expense. Property owners will be held responsible for any damage to Town's roads during and following construction. _____(initial here)

8. Construction of driveway must be completed within 6 months of approval date or an extension granted by the Highway Superintendent. _____(initial here)

9. As the landowner or applicant, I hereby agree to indemnify and hold harmless the Town of Delhi and its duly appointed and elected agents and employees against any action for personal injury and/or property damage sustained by reason of the exercise of this permit. _____ (initial here)

_____ _____

Print Name of Owner/Applicant Code Enforcement Officer Signature Date

_____

Owner/Applicant Signature Date

For Highway Dept Use Only:

Date of Driveway Pre-Inspection: _____ Inspected By: _____

Sight Distance: _____ Culvert Diameter: _____ Culvert Length: _____

Highway Superintendent recommendations:

_____

_____

_____

_____

_____

Highway Superintendent Signature: _____ Date: _____

Final Inspection Sign Off:

Highway Superintendent Signature: _____ Date: _____