

Driveway Permit Application

Tax Map #: _____

Utility Pole # Near Location of Driveway: _____

Property Owner's Name: _____

Phone #: _____

Address: _____

Location of Property (If different from above.): _____

Name of Contractor: _____

Phone #: _____

Please attach a sketch of the project, detailing dimensions, distance from property lines, grade specifications, drainage pipe, and any other relevant information.

I hereby agree to abide by the Fair Haven Driveway Regulations adopted by the Board of Selectmen and I authorize the inspection of my property for review of the proposed driveway and for a final inspection of the completed driveway.

Signature of Applicant

Date

For Town Use Only

Public Works:

Public Works Supervisor inspection of the location of the proposed driveway on:

Date: _____

Approved: _____

Approved with the following required conditions: _____

Denied (Reason for denial.): _____

Signature DPW Supervisor

Date

Zoning Administration:

Date Received Driveway Permit Application for Review: _____

Approved: _____

Denied (Reason for denial.): _____

Signature Zoning Administrative Officer

Date

This Driveway Permit shall be null and void if the driveway is not completed within two (2) years of the date of final approval of this permit.

A recording fee of \$10.00 is due if the Driveway Permit is approved.

You must notify the Department of Public Works Supervisor five (5) days before the completion of the driveway for the required final inspection.

Department of Public Works Supervisor Final Inspection for Compliance

Signature of DPW Supervisor

Date