

<b>OFFICIAL USE ONLY</b> File Name: _____	Permit # _____	Map/Lot # _____
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## T O W N O F W A S H I N G T O N

### DRIVEWAY ENTRANCE PERMIT APPLICATION

*If you need assistance with the completion of this application, please consult with the Road Commissioner.*

**Property Owner** (Please print or type all information – You must answer all questions)

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_ Other Phone: (        ) \_\_\_\_\_

Parcel 911 Address: \_\_\_\_\_ Tax Map and Lot#: \_\_\_\_\_

*You must obtain a 911 Address from the Town of Washington 911 Administrator. Your permit cannot be approved without this.*

Have you attached the required Drawing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the fee attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is the type of use? <input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential <i>If Non-residential, describe:</i>	
What kind of Culvert is proposed to be used? (Used culverts prohibited) <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Other (explain): _____ <span style="float: right;"><i>Subject to Town Approval</i></span>	
Installation will be <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary: Proposed Installation Date: _____ Removal Date: _____	

*To the best of my knowledge, I certify that all of the information on this application is true and correct and that all uses and development permitted by the Town shall be in compliance with the Washington Driveway Entrance Ordinance as may be amended from time to time and that I have read the Washington Driveway Entrance Ordinance.*

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Please sign in blue ink*

*You may appeal any action to the Washington Board of Appeals within 30 days of the decision.*

### PERMIT APPROVAL

*To be completed by Road Commissioner*

Is the Application complete?  Yes  No

Site Visit Date \_\_\_\_\_

Culvert Required?  Yes  No

If yes, required diameter of culvert: \_\_\_\_\_ Length: \_\_\_\_\_

Kind  Steel  Plastic  Concrete  Other \_\_\_\_\_

Measured sight distance (L) \_\_\_\_\_ (R) \_\_\_\_\_

**If non-residential:** Decision of the Washington Planning Board:

Approved  Approved with conditions  Denied

Conditions or reason for denial: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Permit approved?  Yes  No If denied, reason for denial \_\_\_\_\_

More on reverse

Road Commissioner signature \_\_\_\_\_ Date \_\_\_\_\_

Final inspection date \_\_\_\_\_ Final inspection approved?  Yes  No

Additional requirements to be completed prior to final inspection approval: \_\_\_\_\_

More on reverse