

Town of Washington
Driveway/Road Permit
For access to Town Highway

Applicant: _____ Applicant Phone: _____

Applicant Email: _____ Parcel Number: _____

Address: _____ Date property last surveyed: _____

Contractor: _____ Contractor Phone: _____

Contractor Email: _____ Road(s) driveway will adjoin: _____

No. of driveways: _____ Length of driveway: _____

Land use (private/business): _____ Type of road surface: _____

Distance from lot line: _____ Located on which side of road: _____

Attach drawing of proposed work (include special restrictions, clearances, and other details)

Fee: \$40.00 Make check payable to: Town of Washington

All driveways/roads shall be constructed in accordance with all requirements printed in the Town Ordinances 298-13 & 298-14 (a,b) and any special conditions stated therein. The maintenance of the driveway(s) shall be the responsibility of the applicant. Permit expires one year after issuance.

Applicant's Signature: _____ Date: _____

For Office Use Only

Inspected By: _____ Date Inspected: _____

Culvert Required: _____ Date Issued: _____

Permit No: _____ Chairman Signature: _____

POST ON PREMISE IN PLAIN VIEW FROM ROAD