

DRIVEWAY / ACCESSIBILITY PERMIT

TOWN OF STARKSBORO

P.O. BOX 91

Starksboro, Vermont 05487

802-453-2639

APPLICATION DATE _____ / _____ / _____
APPLICANT'S NAME _____
MAILING ADDRESS _____
City / Town _____ State _____ Zip Code _____
DAY TIME PHONE # _____ - _____ - _____ EVENING _____ - _____ - _____
RD. NAME WHERE WORK WILL BE LOCATED _____

- *Location must be pre marked
- *You must attach a sketch
- *Driveways are subject to Vt Title 19 Section 1111 and any Town Plan or Zoning Regulations in effect at the time of application, along with Standard A-76 and B-71.
- *Road Foreman must be notified before construction
- *Warning signs and flag people must be supplied where needed
- *Driveway must not drain run-off water onto town roads
- *Work must be completed within four months of enacted date
- *Power lines must be buried 4 feet deep and in a sleeve with electric caution tape 2 foot deep. All right of way work must be compacted in one-foot lifts.
- *Work is subject to final inspection by Road Foreman

Applicant's Signature _____

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OFFICE USE ONLY

Road Foreman's Recommendations _____ Approved by _____

Is a culvert needed? Yes / No _____ Size Length _____ ft Diameter _____ inches

Final Inspection by Road Foreman _____ Date _____ / _____ / _____

Approved _____ Disapproved _____ Corrective action needed _____

ENACTED THIS _____ DAY OF _____ / _____ AT STARKSBORO, VT.

SELECTBOARD