

Driveway/Accessibility Permit

Town of Starksboro

PO Box 91, Starksboro, Vermont 05487

(802) 453-2639 | starksborovt.org

Application Date: _____

Applicant's Name: _____

Mailing Address: _____

City, State, Zip code: _____

Phone: (day) _____ (evenings) _____

Email address: _____

Road name where work will be located: _____

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

Applicant's signature: _____

OFFICE USE ONLY

Road Foreman's Recommendations: _____ Approved by: _____

Is a culvert needed? Yes / No Size: length = _____ feet | diameter = _____ inches

Final inspection by Road Foreman _____ Date: __/__/__

Approved _____ Declined _____ Corrective action needed _____

Enacted this _____ day of _____ at Starksboro, Vermont.

Selectboard Member signatures:
