

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