## Town of Sanford DRIVEWAY BUILDING PERMIT APPLICATION (To be filed in triplicate)

Permit #

Property Owner	Ph	one #		
Mailing address				
City State	Zip	r y		
Location of Property				
Proposed Dimensions: Length of drivew	way Width of d	riveway		
Driveway Classification. Check all that [] Residential [] Commercial [] L	Logging [] Pre-existing [] 1			
Describe exactly how to get to your proposed driveway. Attach a sketch showing your property, any existing buildings and drives on your lot and/or neighboring lots, and the location of the proposed driveway to the town road. You must stake or flag your driveway location so that our inspector can find it. The Town will not inspect your drive unless it is staked and/or flagged. Return this information to the Town Code Enforcement Officer at the Sanford Town Hall, 91 Second Street, Deposit, NY 13754 and the Town Highway Superintendent will contact you to arrange a time for an inspection.  The undersigned applicant agrees to abide by the Town of Sanford Driveway Design regulations and all construction design recommendations of the Town Highway Superintendent pursuant to a Local Law of the Town of Sanford Regulating Driveway Design Standards, a copy of which has been provided to the applicant. The applicant agrees in acceptance of this permit to assume all responsibility and liability for damages to persons and/or property that may accrue arising out of construction of the requested driveway permit through the negligence of himself, his agents or employees, or from any other cause and to hold the Town of Sanford harmless therefrom.  Certificate of insurance required on this permit covered by Policy No.  Maintenance Bond or Letter of Credit in amount of \$ attached				
		and the second second second second second		

Date \_\_\_\_

Applicant \_\_\_\_\_

## DRIVEWAY PERMIT FEE IS \$25 for

## RESIDENTIAL PROPERITES AND \$100 FOR ALL OTHER PROPERTIES

Date of Initial Inspection	Fi	nal Inspection da	ate	
Sight Distance				
Culvert pipe required? []Yes [[No	Length	Wid	lth	
Highway Superintendent recommen	dations:			
Initial Inspection Approval	Date			
Final Inspection Approval	Date			
Highway Superintendent's Signature				
DEDMIT WALLD EOD & MONTHS EDOM THE DATE OF ADDROVAL				