

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

Permit # _____

Property Owner _____ Phone # _____

Mailing address _____

City _____ State _____ Zip. _____

Location of Property _____

Proposed Dimensions: Length of driveway _____ Width of driveway _____

Driveway Classification. Check all that apply:

Residential Commercial Logging Pre-existing New Driveway

Distance from nearest abutting driveways along the road: _____

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

Short Environmental Assessment Form attached

Applicant _____ Date _____

DRIVEWAY PERMIT FEE IS \$25 for
RESIDENTIAL PROPERTIES AND \$100 FOR ALL OTHER PROPERTIES

Date of Initial Inspection _____ Final Inspection date _____

Sight Distance _____

Culvert pipe required? [] Yes [] No Length _____ Width _____

Highway Superintendent recommendations:

Initial Inspection Approval _____ Date _____

Final Inspection Approval _____ Date _____

Highway Superintendent's Signature _____

PERMIT VALID FOR 6 MONTHS FROM THE DATE OF APPROVAL