TOWN OF LYMAN DRIVEWAY ENTRANCE PERMIT

APPLICATION

Fee \$25.00

Date:		Permit #				
Name of Property Owner	••					
Name of Applicant:						
Address of Applicant:	W-4					
City / Town:		State:	Zip: _			
Location of Driveway En	trance:					
Tax Map: L	ot:					
Installation Contractor:						
Address:		City/Town:	St	ate:		
Distance from intersection	on (if appro	priate):				
Sight Distance:	Left		Right			
Width of driveway where	e it meets a	public or pri	vate road:			
Site Inspection by Road	Commissio	ner or CEO.	Date:			
Is a culvert required:	No	Yes	Size	Length		

Applicant is to draw in detail As stated on page one.					
, the undersigned, have read an ecurate:	nd understa	and this app	dication and	certify that	it is
Signature of Property Owner		Date			