



**TOWN OF LYMAN
DRIVEWAY ENTRANCE PERMIT APPLICATION
FEE \$35.00**

Date: _____ **Permit #:** _____

Name of Property Owner: _____

Name of Applicant: _____

Address of Applicant: _____

City / Town: _____ **State:** _____ **Zip:** _____

Email Address: _____ **Phone #:** _____

Location of Driveway Entrance: _____

Tax Map: _____ **Lot:** _____

Installation Contractor: _____

Address: _____ **City / Town:** _____ **Zip:** _____

Distance from intersection (if applicable): _____

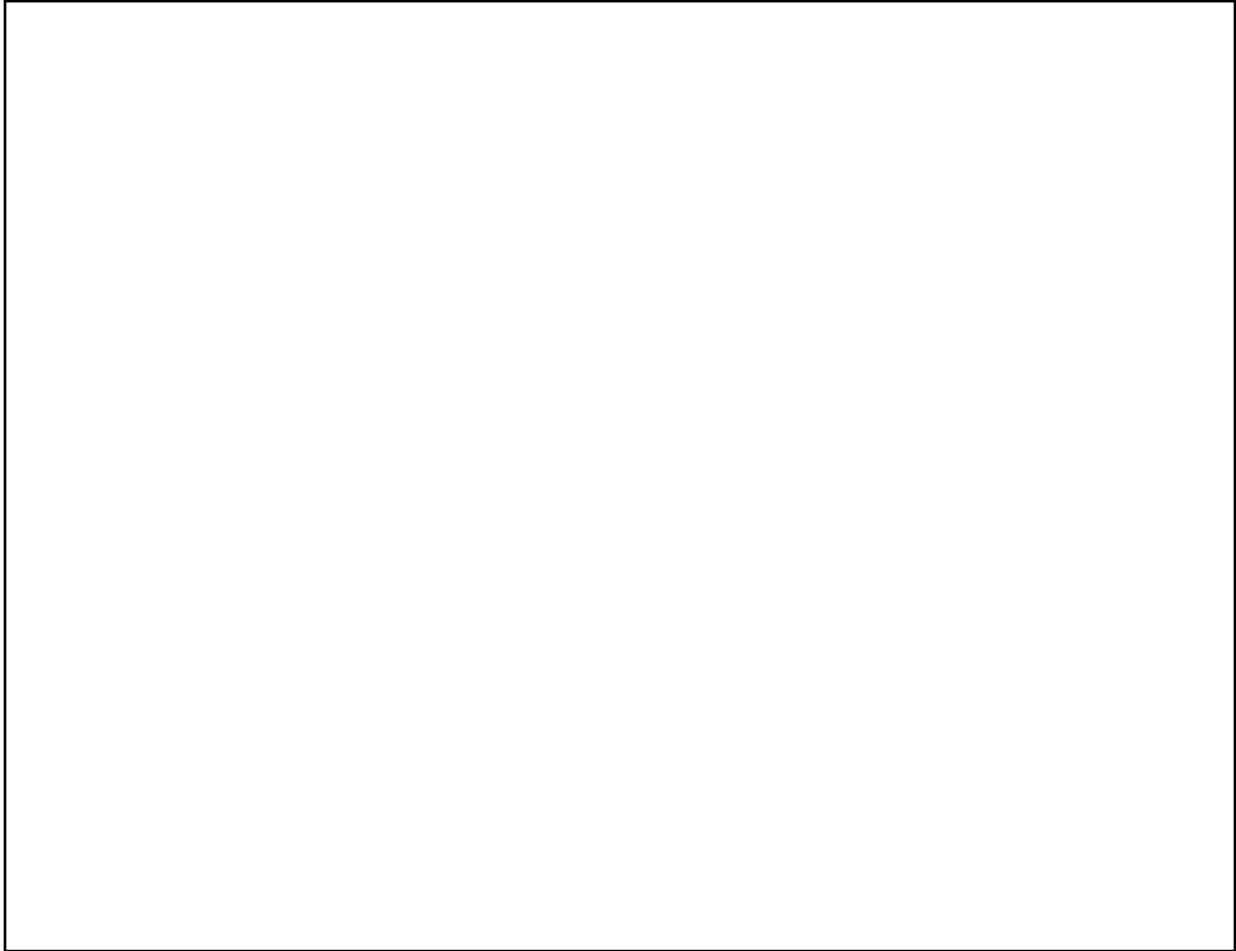
Sight Distance: _____ **Left** _____ **Right**

Width of driveway where it meets a public or private road: _____

Site inspection by Road Commissioner or CEO? Date: _____

Is a culvert required?: _____ **No** _____ **Yes** _____ **Size** _____ **Length**

Applicant is to draw, in detail below, with location of driveway and distances as stated on page one.

A large, empty rectangular box with a thin black border, intended for the applicant to draw a detailed plan of the driveway location and distances as specified on the previous page.

I, the undersigned, have read and understand this application and certify that it is accurate:

Signature of Property Owner

Date