

TOWN OF LINCOLN

DRIVEWAY PERMIT APPLICATION

Name or Company / Request for Driveway _____

Address _____

Phone # _____

Contact Person _____

1. Received Driveway Ordinance & Permit. Signed by person(s) requesting Driveway permit:

_____ Date ____/____/____.

2. Submitted Application:

_____ Date ____/____/____.

3. Reviewed by:

_____ Date ____/____/____.

Does this need further review for approval YES ____ NO ____

Signature _____ Date ____/____/____.

4. Construction approved by Bldg. Inspector or - _____

Date ____/____/____.

5. Any requirements for corrections in construction? YES ____ NO ____

Location of Proposed Driveway:

Parcel Number _____ Lot Number _____

Town Map Location _____ 1/4, _____ 1/4, of Sec _____, Town _____ N,

Range _____ W _____ Side of Highway _____ miles _____

of _____

Description of Proposed Work (include special restrictions, intersection clearances, other details and reference to any sketches which may be attached).

Any driveways shall be constructed in accordance with all requirements in accordance with the Town of Lincoln Driveway Ordinance, and any special conditions stated herein. The maintenance of the driveways shall be the responsibility of the applicant.

Issuance of this permit shall not be construed as a waiver of the applicant's obligation to comply with any more restrictive requirements imposed by local ordinances.

Signature of Applicant

Date

Approved: Chairman, Town of Lincoln

Date