

Permit # _____

TOWN OF DELHI Driveway Permit Application

Complete and return to:

Town of Delhi Highway Superintendent
5 Elm Street

Delhi, NY 13753 (607) 746-2237 Fax (607) 746-7847

1. Applicant Name _____
2. Mailing Address _____
3. Phone Number () - _____
3. Contractor's Name _____
4. Phone Number () - Fax Number () - _____
5. Name Of Road From Which Access Is Needed _____
6. Tax Map # Of Lot Requiring Access _____
7. Driveway Classification: Check all boxes which apply to your driveway
 Residential New Driveway
 Commercial Pre-existing Driveway
 Logging
8. What are you building? _____
9. Describe exactly how to get to your proposed driveway. **Attach** a sketch of proposed driveway showing dimensions, distances from lot lines and location of existing or proposed buildings. **Driveway must be flagged so Highway Superintendent can find it!** _____

Failure to obtain a driveway permit, and construct driveway according to approved application, may require that driveway be removed at owner's expense. Property owners will be held responsible for any damage to Town's roads during and following construction.

Construction of driveway must be completed within 6 months of approval date or an extension granted by the Highway Superintendent.

As the landowner applicant, I hereby agree to indemnify and hold harmless the Town of Delhi and its duly appointed and elected agents and employees against any action for personal injury and/or property damage sustained by reason of the exercise of this permit.

Applicants Signature _____

Date _____

STAFF USE ONLY

Date Inspected _____ Inspected By _____

Sight Distance _____

If culvert required, diameter _____ length _____

Application Fee Submitted _____

Approved* [] _____ Date _____
Highway Superintendent

Disapproved [] _____ Date _____
Highway Superintendent

***Approved in accordance with Highway Superintendent's recommendations.**

Final Inspection Approved _____ Date _____
Highway Superintendent