

**TOWN OF HARPERSFIELD
DELAWARE COUNTY, NEW YORK
APPLICATION FOR DRIVEWAY ACCESS ROAD PERMIT**

FOR OFFICE USE ONLY:

DATE _____

PERMIT # _____

FEE PAID _____

PROPERTY OWNER _____

ADDRESS _____

TELEPHONE _____ EMAIL _____

CONTRACTOR _____

ADDRESS _____

TELEPHONE _____ EMAIL _____

LOCATION & TAX MAP NO. FOR WHICH PERMIT IS FILED _____

FEE SCHEDULE:

DRIVEWAY/ACCESS ROADS (PERMANENT):

DEPOSIT: \$500

PERMIT: \$50

DRIVEWAY/ACCESS ROADS (TEMPORARY, INCLUDING LOGGING ROADS):

DEPOSIT: \$500

PERMIT: \$50

SUBDIVISIONS & COMMERCIAL:

DEPOSIT: \$750

PERMIT: \$50

Site Plan: Attach drawing of proposed driveway. Drawing must include width, length, type of surface and maximum grade of surface.

-Driveway location must be marked on the property so the Superintendent of Highways can locate and access the proposed construction. You must notify the Superintendent of Highways at (607) 652-7498 when work commences and when work to be performed is completed so that the necessary inspections can be made.

-Work may commence on the date of issuance of the permit. This permit will expire 12 months from the date of issuance unless extended by the Superintendent of Highways.

-All work must be in accordance with Town of Harpersfield Local Law No. 1 of the year 2005

OWNER SIGNATURE

DATE

CONTRACTOR SIGNATURE

DATE

TOWN OF HARPERSFIELD
DELAWARE COUNTY, NEW YORK
DRIVEWAY/ACCESS ROAD SITE INSPECTION

DATE OF APPLICATION _____ PERMIT # _____

PROPERTY OWNER _____

ADDRESS _____

TELEPHONE _____ EMAIL _____

CONTRACTOR _____

ADDRESS _____

TELEPHONE _____ EMAIL _____

LOCATION & TAX MAP NO. FOR WHICH PERMIT IS FILED _____

DRIVEWAY CLASSIFICATION

NEW RESIDENTIAL _____ NEW COMMERCIAL _____ TEMPORARY LOGGING _____ PRE-EXISTING _____

TO BE COMPLETED BY HIGHWAY SUPERINTENDENT

DATE OF INITIAL INSPECTION _____ APPROVED? YES _____ NO _____

CULVERT PIPE REQUIRED? YES _____ NO _____ LENGTH _____ DIAMETER _____

SITE DISTANCE LEFT _____ RIGHT _____ INTERSECTION DISTANCE: _____

HIGHWAY SUPERINTENDENT'S RECOMMENDATIONS: _____

DATE OF FINAL INSPECTION _____ APPROVED? YES _____ NO _____

SIGN

DATE