

TOWN OF JEFFERSON

APPLICATION FOR DRIVEWAY / ACCESS ROAD PERMIT

1- Parcel SBL#: _____

2- 911 Address of Driveway/Access Road Installation:

3- **Owner Information:**
Property Owner: _____
Mailing Address: _____
Phone: _____ Email Address: _____

4- **Contractor Performing work: (if not owner),**
Company Name: _____
Owner: _____
Mailing Address: _____
Phone: _____ Email Address: _____

5- **Insurance Information:** Submit Proof of Insurance. (Section 4. S-T-U)

6- **Description of Work to be Performed:**

7- **Material List:**

8- **Declaration:**
I/We declare that the statements contained herein are true and I/We have not knowingly or willfully given a false statement or false information or omitted information in connection with this application.

Signature of Owner(s): _____ Date: _____
_____ Date: _____

SUBMIT \$250 APPLICATION FEE WITH THIS FORM

- applied to invoice when the Town performs the work.
- non-refundable when owner/contractor performs the work.

PLEASE MAKE CHECK PAYABLE TO THE TOWN OF JEFFERSON

FOR OFFICE USE ONLY
Date Received: _____ Fee Received (Check #) _____