

TOWN OF WESTPORT DRIVEWAY PERMIT

Date of Request: _____ Requested by: _____

Property Owner: _____ Lot or Parcel Description: _____

Proposed Driveway Location: _____

Intended Use: _____

Stopping Site Distance Available: _____

Posted Speed Limit: _____ Stopping Site Distance Required at Posted Speed Limit: _____

Remarks: _____

****Minimum Culvert Size 15" Round or Equivalent Arch****

Drainage Consideration: _____

I _____ as owner/agent of the above property agree to the preceding terms, conditions and specifications.

_____ Dated this ___ day of _____, 20____ .
(signature)

Date filed _____ Issued By: _____ Date: _____ .

Circle one: Permit Needed/Permit Not Needed: _____ .

Inspected by: _____ Date: _____ .

Permit Fee is \$125.00