



A Town For All Time

APPLICATION FOR DRIVEWAY PERMIT

FOR OFFICAL USE

Permit No. _____

Application is to be filled out completely and delivered to:

First Selectman's Office

158 Main Street

Thomaston CT 06787

Approval Date: _____ By: _____

Final Approval Date: _____ By: _____

Fee Paid: _____ Received By: _____

Amount of Bond Posted: _____

Bond Released: _____ By: _____

Application is hereby made for a permit to construct a driveway in accordance with the construction specifications of the Town of Thomaston, Connecticut.

OWNER: _____

ADDRESS: _____

LOCATION OF PROPOSED WORK: _____

MAP: _____ BLOCK: _____ LOT: _____

CONTRACTOR: _____

ADDRESS: _____

LICENSE NUMBER: _____

TELEPHONE: _____

CELL PHONE: _____ FAX: _____

PROPOSED START DATE: _____

COMPLETION DATE: _____

ISSUE PERMIT TO: _____

ADDRESS: _____

TELEPHONE: _____

PRE-CONSTRUCTION INSPECTION

DATE: _____

INSPECTED BY: _____

FINAL INSPECTION:

DATE _____

APPROVED _____

DISAPPROVED _____

REASON: _____

I agree to reimburse the Town of Thomaston for any expenses caused by the execution of the work, and to perform the work in accordance with the plan as submitted.

Signed: _____ **Date:** _____ **Phone:** _____

Witness: _____ **Date:** _____

The owner of the property for whom this work is being performed agrees to accept all future maintenance responsibility for the work as described herein.

Signed: _____ **Date:** _____ **Phone:** _____

Witness: _____ **Date:** _____

Please give nearest utility pole number: _____

Show proper street name: _____

Give accurately and include the above information, which depicts the proposed work, and drawings with measurements on the back of this application. If another sheet is necessary please attach to this application.