

Town of Effingham Driveway Permit Application

A fee of \$25 must accompany this application. Make check payable to: Town of Effingham.

Fee paid []

(date received)

Property Owner(s): _____ Telephone: _____

Mailing Address: _____ Zip: _____

The undersigned hereby requests permission for the construction, alteration, repair or relocation of a driveway, entrance or access way (hereafter referred to as driveway). Standards for driveways are specified within the Effingham Driveway Regulations. Where the driveway enters a state road, the state regulations will apply.

Permit is void in the event of misrepresentation and/or non-compliance with the zoning ordinance, site plan review and subdivision regulations (if applicable) and other applicable State and Town laws and regulations.

I authorize the Town of Effingham to enter my property to review the specifics of this application.

I have read the Driveway Regulations of the Town of Effingham and understand that failure to comply with said regulations will render the permit null and void.

I understand that the Town of Effingham reserves the right to take up to 30 days to make a decision on this application.

Signature of Applicant(s)

Date

Property Information

Project Location: Tax Map # _____ Lot # _____ Lot Size _____ District _____

Street name and address of project location: _____

Public Road to Driveway _____ Lot Frontage _____ (Lot frontage is your road frontage)

Estimated Length of Driveway _____ Slope of Land _____% Slope of Driveway _____%

Will this driveway provide access to more than one living unit or use? _____

Are you requesting a waiver? Yes [] No [] If yes, state which sections: _____

Are state or federal permits required? Yes [] No [] If yes, please attach.

Contractor _____ Telephone# _____

Please attach a sketch showing: the location of existing and/or proposed driveway(s) on the lot frontage; distances to other driveways or roads within 200 feet on both sides of the road; width of existing and/or proposed driveway(s); indication of sight distance in each direction; planned bridges, culverts and/or drainage ditches.

You must clearly mark the entrance of the new driveway at the site, prior to the ZEO reviewing your proposal.

Please read and sign the following statement if you, as owner, designate an agent (co-applicant) to act on your behalf.

I designate the person listed below as my agent for the purpose of procuring a Driveway Permit.

Representations made by my agent may be accepted as though made by me personally.

I understand that I am bound by any official decision made on the basis of such representations.

Agent Name: _____ Telephone# _____

Agent Address: _____

Owner's Signature(s) _____

Return completed form to the Selectmen's Office, or mail to: Town of Effingham, 68 School Street, Effingham, NH 03882

Office use only

Date of Site Visit _____ Reviewed file [] Date Application Approved _____ Date Application Denied _____

Will a bond be needed? Yes [] No [] Will a waiver be needed? Yes [] No []

Additional Permits or Approvals Required _____

Signature of authorized official _____ (stamp)