

**Town of Effingham  
Driveway Permit Application**

**A fee of \$25 must accompany this application - Payable to: Town of Effingham**

*Fee paid [ ]*

*(date received)*

Property Owner(s): \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

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, state regulations also 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 \_\_\_\_\_%

1- Will this driveway provide access to more than one living unit or use? \_\_\_\_\_

2- Are you requesting a waiver? Yes [ ] No [ ] If yes, state which sections: \_\_\_\_\_

3- 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) \_\_\_\_\_

**Mail completed form to: ZEO, Town of Effingham, 68 School Street, Effingham, NH 03882 or deliver it to the Town Office**

*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)