

APPLICATION FOR DRIVEWAY ON JORDAN TOWN ROAD

DRIVEWAY MUST BE ***COMPLETED & INSPECTED*** BEFORE ACCESS VERIFICATION CERTIFICATION IS SIGNED BY COUNTY ZONING AND BUILDING INSPECTOR

NAME OF APPLICANT: _____

ADDRESS: _____

TOWN: _____ SECTION NUMBER: _____

LOCATION: _____

(NAME OF TOWN ROAD)

_____ SIDE OF ROAD, _____ MILES/FEET _____

OF _____

DRIVEWAY PERMIT FEE RECEIVED: _____ DATE: _____

TOWN BOARD OFFICIAL

APPLICANT

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