



TOWN OF MONT VERNON
DEPARTMENT OF PUBLIC WORKS
1 South Main Street, Mont Vernon, NH 03057
(603) 672-0055 FAX (603) 673-5995
Email: townofmontvernon@montvernonnh.us

DRIVEWAY PERMIT / APPLICATION

Please print legibly or type all information

MAP & LOT/PARCEL: _____ DATE SUBMITTED: _____

PROPERTY LOCATION: _____

PROPERTY OWNER: _____

MAILING ADDRESS: _____

OWNER SIGNATURE: _____ BEST
PHONE: _____

CONTRACTOR INFORMATION:

COMPANY: _____ PHONE: _____

ADDRESS: _____ FAX: _____

SIGNATURE: _____ EMAIL: _____

CONSTRUCTION INFORMATION:

New curb cut _____ Additional curb cut _____ Alteration / relocation of existing driveway _____

Site Distance _____ Driveway width at street: _____ (in feet) Driveway slope: _____ (%)

REQUIRED: Refer to checklist on reverse

Application must be accompanied by a sketch or plan showing existing and/or proposed driveway, the adjacent roadway and indicating distances to the nearest utility poles (include pole numbers) roads, town line or other readily identifiable feature or landmark.

New driveways constructed with grades greater than 10% require design by a licensed civil engineer.

SPECIFICATIONS:

New or altered driveways must comply with the specifications of the Town of Mont Vernon Driveway Regulations.

Department of Public Works approval shall be required prior to driveway construction.

For office use only:

COST: _____ PAYMENT INFORMATION: _____ DATE: _____

SCENIC ROAD HEARING NEEDED? Y / N Date scheduled: ____/____/____

Original to DPW ____/____/____ Approved Copy to Building Dept ____/____/____

Culvert required: Y / N Size: _____ Easement required: Y / N Bond required: Y / N

ADDITIONAL COMMENTS: _____

Preliminary Approval: _____ Date Approved: _____

Final Approved by: _____ Date Approved: _____
Director of Public Works or designated representative