

STATE OF VERMONT

TOWN/CITY OF LANDGROVE

APPLICATION FOR ACCESS PERMIT

Residential  
Agricultural  
Commercial  
Industrial  
Development  
Other

Applicant \_\_\_\_\_

Mail Address \_\_\_\_\_

The undersigned requests an Access Permit to allow \_\_\_\_\_

to construct an access in accordance with Vermont Department of Highways Standards to serve

the applicant's property, known as \_\_\_\_\_ located on the

\_\_\_\_\_ side of \_\_\_\_\_ Highway No. \_\_\_\_\_ (the local name for this road being:

\_\_\_\_\_).

The proposed access will be located approxi-

mately \_\_\_\_\_ from the intersection of this road with \_\_\_\_\_  
(feet or miles)

The applicant agrees to maintain said access and adhere to the directions, restrictions and

conditions forming a part of this permit.

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Applicant or Applicant's Agent

\_\_\_\_\_  
Title

ACCESS PERMIT

NOTICE: This permit is issued in accordance with Title 19, Section 43, V.S.A. relative to all highways within the control and jurisdiction of the Town/City of LANDGROVE. The issuance of this permit does not release the applicant from any requirements of statutes, ordinances, rules and regulations administered by other governmental agencies. The permit will be effective upon compliance with such of these requirements as are applicable and continue in effect for as long as the present land use continues. Any change from the present land use will require a new permit. This permit is issued subject to the directions, restrictions and conditions contained herein and on the reverse of this form and any attachments hereto, and covers only the work described in this application, and then only when the work is performed as directed. Violations are subject to the penalties set forth in Title 19, Section 43, V.S.A. of fines of not less than \$100. nor more than \$10,000. for each violation.

Directions, Restrictions and Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Town/City Authorized Agent

\_\_\_\_\_  
Title

\_\_\_\_\_  
Town/City Authorized Agent

\_\_\_\_\_  
Title

\_\_\_\_\_  
Town/City Authorized Agent

\_\_\_\_\_  
Title