

Driveway/ Right-of-Way Access Permit

Town of Starksboro

PO Box 91, Starksboro, Vermont 05487 | (802) 453-2639 | www.starksborovt.org

Property Owner Name _____

Mailing Address _____

Applicant's Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Road name where work will be located: _____ Parcel ID# _____

Associated Zoning Permit and/or DRB Application Numbers _____

1. Proposed Location must be pre-marked in the field and a site visit scheduled with the Road Foreman.
2. You must attach a dimensioned sketch of the road location noting property lines, and any required grading, culverts, and utility work.
3. Driveways are subject to Vermont Title 19 §1111, Town Land Use Regulations in effect at the time of application, and Agency of Transportation Standard Drawings A-76, B-71, and B71A.
4. Road Foreman must be notified before construction.
5. Warning signs and flag people must be supplied where needed.
6. Driveway must not drain run-off water onto town roads
7. Work must be complete within six (6) months of enacted date.
8. Power lines must be buried 4 feet deep and in a sleeve with electric caution tape 2 feet deep. All right of way work must be compacted in one-foot lifts.
9. Use of the driveway is subject to final inspection of the work by the Town.

Applicant's signature: _____ Date _____

OFFICE USE ONLY

Fee Paid \$ _____ Check No. _____ E-911 Address Assigned _____

PRELIMINARY ACCESS DESIGN REVIEW

Road Foreman / Fire Chief Recommendations: (see attached notes if appropriate)

Emergency Vehicle Access sufficient? Yes / No Comments: _____

Road Foreman approval _____ date _____ Fire Chief approval _____ date _____

DRIVEWAY CONSTRUCTION START APPROVAL

Enacted this _____ day of _____ at Starksboro, Vermont.

Selectboard Chair signature: _____

FINAL USE APPROVAL / CONSTRUCTION INSPECTION

(Attach Notice of Non-approval and corrective work required under separate cover)

Road Foreman approval by: _____ Date: _____

Zoning Administrator approval by: _____ Date: _____