

TOWN OF DELAWARE
Building Department
104 Main Street, PO Box 129
Hortonville, New York 12745
Phone: 845/887-5250 x2 FAX: 845/887-5228

DRIVEWAY PERMIT APPLICATION

Date: _____

Name: _____ Telephone: _____

Address: _____

Contractor (if any) _____ Contractor's
Telephone: _____

LOCATION OF DESIRED ACCESS:

TYPE OF ACCESS (check one):

Section: _____ Block: _____ Lot: _____

Residential _____

Road Name: _____

Commercial _____
(Type of business: _____)

Nearest mailbox or utility pole number:

Field or Wood Lot entrance _____

Multiple residence _____
(Number of families: _____)

DRIVEWAY PERMIT FEE \$50.00

Subdivision _____
(Number of lots: _____)

Please enclose a copy of a survey map or sketch showing location of proposed access. Include distance and direction from any prominent landmark (**UTILITY POLE NUMBER, TOWN ROAD, ETC.**) that will aid in locating the proposed access.

Please prominently mark the proposed access site and, if possible, the property corners at the site.

Work shall not begin on the proposed access until the executed permit is received.

THIS IS NOT A PERMIT.