



Town of Castleton

P.O. BOX 727, CASTLETON VT 05735
HIGHWAY DEPARTMENT
(802) 468-2459

Fee: \$5.00
Amount Paid: _____
Date: _____

Application for Highway Access (Driveway Cut)

Applicant: _____ Phone: _____

Mailing Address: _____ ST: _____ ZIP: _____

Property Owner: _____ Phone: _____

(If Applicant so state)

Mailing Address: _____ ST: _____ ZIP: _____

****NOTE: DIG SAFE must be notified prior to work****

Project Description:

Lot # _____ Town Highway Name/Number _____

Project Address: _____ ST: _____ ZIP: _____

Nearest Intersection: _____ Distance & Direction: _____

Description of Project (Attach drawing(s) and location map):

Has the proposed access been flagged? (Yes) (No)
(Note: Site must be flagged before application will be considered.)

The applicant certifies that he or she is acting on behalf of the owner (if other than the applicant) of the property described above and that the applicant will adhere to the directions, restrictions, and conditions forming part of the permit, if issued.

Applicant

Date

THIS IS NOT A ZONING PERMIT!!!



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Notice of Approval

Approval to Proceed: Upon receipt of this Notice, the applicant shown on the face of this form is authorized to proceed with the described project in accord with the conditions, specifications and restrictions described below and any attachments made hereto.

Approval covers only the work described in the application (unless modified by a condition, restriction or specification) and must be performed as directed.

<p>All work must be done in accordance with current VAOT standards Other conditions/specifications/restrictions: (If none, so state)</p> <hr/>
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Notice: This Notice of Approval is issued pursuant to Title 19, Section 1111 of the Vermont Statutes relative to all highways within the control and jurisdiction of the Town of Castleton. The issuance of this notice does not release the applicant from any requirements of law including applicable Town ordinances. Violations are subject to the penalties set forth in law. Any damage to Town Highways resulting from an activity authorized by this Notice of Approval is the sole responsibility of the Applicant to repair as set forth in Title 19, Section 1108, VSA. Repairs must meet minimum VAOT standards as defined by the Highway Foreman.

Approved by:

Highway Foreman

Approval Date

This approval is valid for a period of two (2) years from the Approval Date.

THIS IS NOT A ZONING PERMIT!!!