



Town of East Hampton

Driveway Permit Application 1A

PLEASE NOTE: ALL PERMIT APPLICATIONS MUST BE COMPLETE AND SUBMITTED TO THE LAND USE DEPARTMENT, TOWN HALL

Date _____ Permit # _____

Bond _____ Fee \$25.00 Receipt # _____

***Bond is subject to forfeiture if apron is not properly installed within 180 days.**

Applicant's Name _____ Telephone # _____

Applicant's Address _____

Property Owner's Name _____

Address of Property _____ Telephone # _____

Contractor's Name _____ Telephone # _____

Contractor's Address _____

Description of Proposed Work: (Diagram may be attached and signed by Applicant)

CBYD # _____ Proposed starting date _____

By signing, applicant has reviewed the "Town of East Hampton Road Standards", Rev. 10/03, and agrees to abide by all the Town's policies and conditions of construction.

PLEASE CALL PUBLIC WORKS FOR INSPECTION WHEN WORK IS DONE (860-267-4747)

Signature of Applicant _____ Print Name _____

Telephone # _____

Approved: Yes ___ No ___ Signature of Land Use Department _____

Conditions: (if any)

Installation Approved by _____ Date _____