

TOWN OF CARROLL DRIVEWAY PERMIT

Applicant's Name _____

Mailing Address _____

Property Address _____

Tax Map & Lot # (12-digit) _____

Fee - \$25.00: Check # _____ or Cash _____

Date _____

Applicant's Signature

Approval Date _____

Road Agent's Signature

Code Enforcement Officer's Signature _____

Selectman's Signature

E-911 Coordinator's Signature _____

Selectman's Signature

Selectman's Signature

Provisions, if any _____

NOTE: Please attach a sketch of the parcel and an accurate measurement from one of the side property boundary lines to the center of the driveway.