

**TOWN OF LEXINGTON  
APPLICATION FOR DRIVEWAY PERMIT**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE NO:** \_\_\_\_\_ **Home Cell Office**

**E-MAIL:** \_\_\_\_\_

**LOCATION OF DRIVEWAY:** \_\_\_\_\_

**NEAREST CROSS ROAD:** \_\_\_\_\_

**CONTRACTOR: (CERTIFICATION INSURANCE MUST BE SUBMITTED)**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**TELEPHONE NO** \_\_\_\_\_ **CELL NO:** \_\_\_\_\_

**CULVERT SIZE:** \_\_\_\_\_

**CULVERT LENGTH:** \_\_\_\_\_

**SITE DISTANCE:** \_\_\_\_\_

**SPECIAL CONDITIONS (SIGNS, TREES TO BE CUT, ETC.):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach a sketch plan to this application for review indicating:

- location of work
- size of driveway
- show profile of driveway where it meets town road
- Show property pins on town road

**APPROVAL ( HIGHWAY SUPERINTENDENT AND/OR HIGHWAY COMMITTEE)**

\_\_\_\_\_

**DATE APPROVED:** \_\_\_\_\_

**START DATE:** \_\_\_\_\_

**FINISH DATE:** \_\_\_\_\_

**INSPECTION DATE:** \_\_\_\_\_

**INSPECTOR: (HIGHWAY SUPT. AND / OR HIGHWAY COMMITTEE)**

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