

Town of Dover
P.O. Box 428
West Dover, Vermont 05356
Telephone: (802) 464-2000

■ Application for Highway Access Permit ■

| | |
|----------------------------|--------------------|
| Applicant: _____ | Residential _____ |
| Mailing Address: _____ | Agricultural _____ |
| _____ | Commercial _____ |
| _____ | Industrial _____ |
| Email Address: _____ | Development _____ |
| Telephone No: _____ | Other _____ |
| Property Tax Map No: _____ | |

The undersigned request an Access Permit to allow _____ constructing an access in accordance with the Town of Dover Highway Standards to serve the applicant's property, known as _____ located on the _____ side of _____ highway number _____ (the local name for this road being _____).

The property access will be located approximately _____ feet from the intersection of this road with _____. The applicant agreed to maintain said access and adhere to the directions, restrictions and conditions forming a part of this permit.

Approaches to state aid and town highways must be approved by the road commissioner prior to construction. Please call (802) 464-2000 to make an appointment.

All approaches to state highways must be approved by the District Highway Engineer. Please call (802) 442-2051 to make an appointment.

Date: _____ / _____ / _____

Signature of Applicant or Applicant's Agent

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PLEASE DRAW A MAP BELOW OF THE PROPOSED ACCESS