

**TOWN OF BRIDGEWATER
APPLICATION FOR DRIVEWAY PERMIT**

Application to the Board of Selectmen for a Permit for the creation of an access to an existing road in the Town of Bridgewater.

Date: _____

Check Number: _____

Name of Property Owner: _____

Address of Property Owner: _____

Telephone Number: _____

Lot Number and Name of Town Road on which access is to be made: _____

Name of Contractor installing driveway, road, etc.: _____

Address of Contractor: _____

Telephone Number: _____

Driveways shall comply with the provisions of the 1982 Ordinance Covering the Construction of Driveways Intersecting Town Highways.

Adequate site line shall be approved by the First Selectman or his agent.

The permit is issued for a one year period from the date the permit is approved. An extension may be granted upon the request and at the discretion of the First Selectman.

**Signature of Owner
or Authorized Agent:** _____

Permit Approved by: _____

Date of Expiration of Permit: _____