

No. _____

Town of Amsterdam (518) 842-7961

DRIVEWAY PERMIT APPLICATION

Applicant's Name & Mailing Address:

Cost of Materials or
Permit fee \$ _____ to
be filed with application

Telephone _____

1. Work planned for (month, year) _____

2. Type: Private New? Existing?
 Commercial Widening Repaving
 Field Drive Grading Relocating

3. Describe work briefly: _____

4. Location of work:

Road _____ Road No. _____ Town _____
House No. or distance from nearest intersection, landmark, etc: _____

*****PLEASE MARK DRIVEWAY LOCATION*****

Acceptance of the requested permit subjects the permittee to the restriction, regulations and obligations stated on this application, the permit, and the Policy & Standards for Driveways, as adopted and set forth by the Town of Amsterdam Highway Departemnt

Applicant
Signature _____ Date _____

FOR OFFICE USE ONLY

TR # _____ Mile point _____ Side _____ Drive Slope _____

Culvert Diameter _____ Length _____ Type _____

Utilities _____

Inspected by _____ Date _____