

**TOWN OF BRANDON
49 CENTER STREET
BRANDON, VERMONT 05733
(802) 247-3635**

APPLICATION FOR ACCESS PERMIT

Application # _____

Applicant	Day Phone #
Mailing Address	Home Phone #
Property Owner (if different than applicant)	Day Phone #
Mailing Address	Home Phone #
Contractor	Day Phone #
Mailing Address	Emergency Phone #
Location of Proposed Access (Road Name and/or Site Description)	Property Tax Map #

Please Note: Sketch drawing and location map *must be attached* to show the approximate location of the access site. You may use a copy of the tax map. The site *must be flagged* before the application will be considered.

() to construct a new access () to change an existing access

() residential () commercial () industrial () other _____

Proposed Date of Construction	Alternate Construction Date
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The Applicant Will Note:

- a) **Drive Access will be required to comply with Vermont Agency of Transportation Standard B-71 "Standards for Residential and Commercial Drives". Requests will need to demonstrate the ability of such compliance.**
- b) **Processing an Application will not begin prior to the Town receiving all fees and deposits.**
- c) **Following construction The Public Works Director or his designee will conduct a final inspection. If conditions have been met and compliance with Standard B-71 verified, the deposit will be returned. If conditions have not been met, or if found not in compliance with Standard B-71 the permit will be revoked and the site will be returned to the pre-construction state by the Applicant.**

Applicant's Signature	Date
Owner's Signature	Date

Office Use: Fee Rec'd _____ Deposit Rec'd _____ Ck # _____ Rec'd By _____ Date: _____