TOWN OF
FAIRFIELD VT

zoning@fairfieldvermont.us
802-827-3261 x3
PO Box 5
Fairfield VT 05455

Driveway Permit, Road Access, and Curb Cut Application for Town Roads

No building permit shall be issued without an approved access.

Owner/Applicant _____

Mailing Address _____

Email Address _____ Phone # _____

Parcel ID_____ District _____ Lot Size _____

Town Highway # _____ Road Name _____

Project Description (Sketch drawing and location map must be attached)

_____

_____

[ ] Construct a new access

[ ] Change an existing access

Distance (ft) of the proposed access to the nearest intersection? (Specify intersection)

_____

Has the proposed access been flagged at the site? (Circle one) YES NO

Note: site must be flagged before the application will be considered

Signature of Applicant_____ Date _____

Signature of Owner (if different) _____ Date _____

Town Use Only

Date App Filed	
Fee Information	$65
Payment Received Date	
Date Approved	
Date Denied	
Reason Denied	
Zoning Admin Signature & Date	
Fire Chief Signature & Date	
Road Foreman Signature & Date	
Notes	