

**Fairfield Select Board****Town of Fairfield P. O. 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 the intersection)

Has a Zoning or Act 250 application been filed? _____ If Yes, give application # or other identification, if different from above. _____

Has the proposed access been flagged at the site? 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 application filed	Notes/Conditions of Access:
Fee information \$50	
Payment Received	
Date Approved	
Date Denied	
Reason Denied	
Signature	Date
Fire Chief Signature	Date
Road Foreman Signature	Date