

**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)

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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