



# 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	\$50
Payment Received Date	
Date Approved	
Date Denied	
Reason Denied	
Zoning Admin Signature & Date	
Fire Chief Signature & Date	
Road Foreman Signature & Date	
Notes	