

Town of Van Buren Highway Department

Application for Driveway on the Town of Van Buren's Roadways. Section 200-74

Address where Driv	eway is be in	stalled:							
Tax Map Number: # Applicant's Name: Mailing Address (if different):									
					Phone Number				
					Side of the Road:	North	South	East	West
Type of Driveway (s	see 200-74): ₋	· · · · · · · · · · · · · · · · · · ·							
Proposed Width of I	Oriveway:								
by signing, th	e applicant agi	rees to and und	erstands all of t	oning Ordinance, section 200-74, and the applicable regulations affecting the statements made herein are true.					
				Signature of Applicant					
	ŢC	OWN OF VAN E	BUREN USE OI	NLY					
Sight Distance Left:		_	Sight Distance Right:						
Speed Limit:			Pip	pe Size Required:					
Other Facilities Require	ed:	***************************************							
Reviewed by: Town of	Van Buren Hig	hway Superinte	endent:						
Reviewed by: Code En	forcement Offic	cer:							
Approved: Reasons:				Fee:					
Date:									