

APPLICATION FOR DRIVEWAY PERMIT

Permit For: Driveway- <input type="checkbox"/> New <input type="checkbox"/> Reconstructed <input type="checkbox"/> Relocated <input type="checkbox"/> Expanded		Tax Key Number (if known)	
OWNER'S NAME	ADDRESS		TELEPHONE
CONTRACTOR	ADDRESS		TELEPHONE
SUBDIVISION			LOT # BLOCK #
DESCRIPTION:			
PLAN COMMISSION APPROVAL DATE	HIGHWAY DEPARTMENT APPROVAL	TOWN ENGINEER APPROVAL	
<p>The Applicant certifies that all of the information herein submitted is accurate and that a permit granted shall create no legal liability, express or implied, on the Department of Building Inspection and Zoning Administration of the Town of Brookfield.</p> <p>Signature of Applicant: _____ [] Owner [] Agent [] Contractor Date: _____</p> <p>Print: _____</p>			

DEPARTMENT ENTRIES ONLY		
TAX KEY NUMBER	ASSIGNED PERMIT NUMBER	PERMIT DATE
PERMIT FEE PAID	PERMIT RECEIPT NUMBER	BASE PERMIT REFERENCE