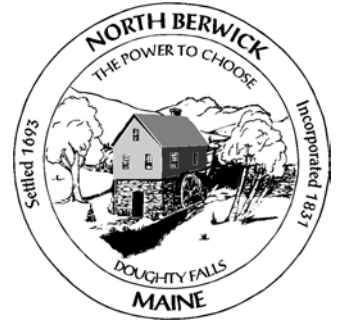


**TOWN OF NORTH BERWICK  
DRIVEWAY ENTRANCE APPLICATION**



OWNER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

MAP/LOT \_\_\_\_\_

DRIVEWAY LOCATION (ROAD): \_\_\_\_\_

Diagram proposed driveway on sketch below: *(Specify sight distance, width, estimated culvert size)*

<b><u>Width of Driveway:</u></b>		<b><u>Est. Culvert Size:</u></b>

Street/Road Name: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Feet ← Sight Distance → \_\_\_\_\_ Feet

CONTRACTOR (IF APPLICABLE) \_\_\_\_\_ EST. STARTING DATE: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

I understand that the driveway opening permit will be reviewed by a representative of the North Berwick Public Works Department and agree to pay the permit fee along with any associated cost of the culvert required for the driveway. I further agree to abide by all requirements established by the Town of North Berwick Street Design and Construction standards Ordinance

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

-----OFFICE USE ONLY-----

Permit Granted: \_\_\_\_\_ No. \_\_\_\_\_

By: \_\_\_\_\_

Culvert Cost: \$ \_\_\_\_\_

Culvert Installation Cost: \$ \_\_\_\_\_

Permit Cost: \$ \_\_\_\_\_

**Total Cost:** \$ \_\_\_\_\_

Cash \_\_\_\_\_ Check # \_\_\_\_\_

**Culvert Sizing**

Culvert Required?    Y    N

Culvert Diameter: \_\_\_\_\_

Culvert Length: \_\_\_\_\_

Additional Clearing Required for Sight Distance?  
\_\_\_\_\_