TOWN OF ALSTEAD
DRIVEWAY PERMIT

PERMIT NO. ____________________________

DATE ____________________________
This permit EXPIRES 1 year from above date

TAX MAP ____________________________

NAME OF APPLICANT ____________________________

PRESENT RESIDENCE ____________________________
Tel. ____________________________

NAME OF ROAD ____________________________

ABUTTERS ____________________________

CONTRACTOR ____________________________ TEL. ____________________________

MINIMUM REQUIREMENTS

1. Culvert size is to be 15 inches in diameter and 30 feet in length. Galvanized steel or concrete. ____________________________
   Change requested ____________________________

2. Catch basin with cover. (See Diagram)
   Change Requested ____________________________

3. Drainage ditch required from outlet end of the culvert 6 inches below the end of the culvert and 1/2 inch to the foot drop for ____________________________ feet.
   Change Requested ____________________________

4. The driveway entrance shall drop 6 inches from the center of the road to a point at least 6 feet in back of the ditch line (See Diagram).
   Change Requested ____________________________

5. Mandatory 48 hour notice to road agent prior to construction, through Selectmen’s office.

6. Approval only on satisfactorily completed work.

7. Certificate of Occupancy will NOT be issued until this permit is signed below.

I have read and understand the above. ____________________________ Property Owner or Representative
Date ____________________________

APPROVED ____________________________ ROAD AGENT ____________________________ DATE ____________________________

RECEIVED ____________________________ ZONING OFFICER ____________________________ DATE ____________________________

10/90 White: Applicant Yellow: Road Agent Pink: Zoning Officer