



Town of Eastford
Application for Driveway Apron Construction Permit

DATE: _____ \$50 FEE PAID: _____ \$2000 PAID: _____ Indicate check #

Received by: _____ Date _____

Applicant _____

Address _____

Applicants phone number: _____

Applicant email address _____

SIGNATURE OF OWNER _____ and/or

SIGNATURE OF AGENT _____

MAILING ADDRESS _____ PHONE _____

Email address _____

Location of proposed driveway apron:

- Street Name _____
- (N S E W) side of street
- Closest intersection
- Number on nearest Utility Pole _____ Distance to center of Driveway _____

Interest in property:

Owner _____ Agent _____
Lessee _____ Other _____

Dimension of lot/s Frontage

Tax Assessor Map # _____ Block # _____ Lot # _____



Contractor Information: Contractor/Builder _____ Phone: _____
 Address: _____
 e-mail: _____ License # _____
 copy of current CT license and certificate of liability insurance must be attached to this application

Reason for Driveway Apron Construction Permit:

- a. One Residential Unit (Non-Shared driveway) _____
- b. Two Residential Units (Shared driveway) _____
- c. Three Residential Units (Shared driveway) _____
- d. Business/Commercial Building _____
- e. Industrial Building _____
- f. Other _____

Note: A sketch/Engineer plan must be submitted with this application and the proposed driveway apron area must be staked, so that a Pre-Construction Inspection can be made.

Office Use

Please attach all documents from all departments

Department	Application/Site Plan Received	Approved	Comments
NDDH			
IWWC			
Planning Commission			
Fire Marshal			
First Selectman			
Engineer			
Building Official			

PRE-CONSTRUCTION INSPECTION DONE: DATE

Approved by: _____ Not approved by: _____

Date Application was received by the Board: _____

Permit Issued: Date: _____ By: _____

POST-CONSTRUCTION INSPECTION DONE: DATE:

Approved by: _____ Not Approved by: _____