

**TOWN OF YORK**  
**Driveway Installation Permit**

MAP: \_\_\_\_\_ LOT: \_\_\_\_\_ DATE: \_\_\_\_\_

LOCATION OF PROPERTY: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

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

PHONE NUMBER: \_\_\_\_\_

APPLICANT'S SIGNATURE

DATE

PRIOR TO SUBMITTING CULVERT APPLICATION, PLEASE MARK THE PROPOSED DRIVEWAY.

**FOR OFFICE USE ONLY: DO NOT WRITE BELOW THIS LINE.**

SKETCH OF REQUIRED WORK:

DESCRIPTION OF REQUIRED WORK: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AUTHORIZED PUBLIC WORKS SIGNATURE

DATE

FINISH WORK INSPECTED: \_\_\_\_\_ PERMIT EXPIRES: \_\_\_\_\_

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PERMIT IS NOT VALID UNLESS SIGNED BY THE TOWN OF YORK DIRECTOR OF PUBLIC WORKS OR HIS AGENT.