

**TOWN OF WAITSFIELD**  
**APPLICATION FOR ACCESS (Curb Cut) TO A TOWN HIGHWAY**  
Town of Waitsfield \* 9 Bridge Street, Waitsfield, Vermont 05673 \* (802) 496-2218

Owner(s) of Property \_\_\_\_\_ Telephone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Applicant's Name (if different) \_\_\_\_\_ Telephone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Town Road Name \_\_\_\_\_ Town Highway # \_\_\_\_\_

Parcel ID \_\_\_\_\_ Road Frontage of Parcel \_\_\_\_\_

Proposed use of curb cut (check as many as apply):

- |                                       |                                      |  |   |
|---------------------------------------|--------------------------------------|--|---|
| <input type="checkbox"/> Agricultural | <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial    | <input type="checkbox"/> Development Road |
| <input type="checkbox"/> Alteration   | <input type="checkbox"/> Relocation  | <input type="checkbox"/> Change of Use | <input type="checkbox"/> Other _____      |

Describe the exact location of the proposed access (distance from property lines, distance to nearby landmarks, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

On the back of this sheet, or on a separate sheet, please prepare a sketch of the parcel and road frontage indicating the location of the proposed driveway access, other existing accesses, the Town highway, drainage/ditches, trees, buildings, etc.

By signing below, the applicant represents that the information contained in this application is true and correct and that he or she is authorized to file this application.

Owner(s) Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Applicant(s) Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Please indicate by checking the box below that you acknowledge and accept the following:

- I acknowledge and agree that the property owner shall be responsible for the costs of installing and maintaining any driveway culvert, ditch, or other improvement required as a condition of this curb cut approval unless otherwise agreed by the Town in writing.

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**For Town Use Only**

Application # \_\_\_\_\_ Date Received \_\_\_\_\_

**Application Fee: \$25 + \$10 recording fee** Paid by  Cash  Check # \_\_\_\_\_

**TOWN OF WAITSFIELD  
HIGHWAY ACCESS PERMIT  
(Curb Cut)**

PERMIT NUMBER: \_\_\_\_\_ DATE OF ISSUE: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_

APPLICANT: \_\_\_\_\_  
(If other than owner)

TOWN ROAD NAME & #: \_\_\_\_\_ PARCEL ID #: \_\_\_\_\_

APPROVED FOR: \_\_\_\_\_  
(Type of use)

Permission to do the work described on the application dated \_\_\_\_\_, for access to a Town highway is hereby granted, subject to the requirements of Vermont statutes, the Waitsfield Selectboard Policy Regarding Driveway Accesses to Town Highways, the Vermont Agency of Transportation standard specifications B-71, and the following special conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**All work authorized by this permit must be completed within one year of the approval date written above.**

**The property owner shall be responsible for the costs of installing and maintaining any driveway culvert, ditch, or other improvement required as a condition of this curb cut approval unless otherwise agreed by the Town in writing.**

**If the Town replaces a failed driveway culvert in the course of an emergency, the Town shall not accept on-going responsibility for maintenance of the replaced culvert and the property owner may be billed for the cost of the culvert.**

WAITSFIELD SELECTBOARD:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

