

# TRAVELWAY PERMIT

## Town of St. Germain

Permit # \_\_\_\_\_

Date \_\_\_\_\_

Owner Name \_\_\_\_\_ Address \_\_\_\_\_

Applicant Name \_\_\_\_\_ Phone \_\_\_\_\_

Applicant Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Fee \$ \_\_\_\_\_

Address for proposed travelway \_\_\_\_\_

Section \_\_\_\_\_ Town \_\_\_\_\_ Range \_\_\_\_\_ Quarter \_\_\_\_\_

Travelway will provide access to STH \_\_\_\_\_ CTH \_\_\_\_\_ TR \_\_\_\_\_

DOT Approval Required?  Yes  No Approval Attached?  Yes  No

Provide a site plan sketch of this proposed travelway including setbacks, grades, slopes, length of drive, and any cutoffs or dead end turnarounds on the back of this form. Tag trees to be removed if possible. Town will verify location of travelway if not provided.

An application fee of \$75.00 must accompany this application. The fee will be refunded if the location of this travelway is denied. If a second inspection is not up to code, a new application and fee will be required.

All travelways shall be constructed in accordance with the approved components of this application.

Approved as proposed \_\_\_\_\_

Conditions for approval \_\_\_\_\_

A culvert (will/will not) be required for this installation.

Recommended diameter is \_\_\_\_\_ inches.

The above travelway has been inspected by the Town of St. Germain and approved based on the above specifications on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. This permit is valid for a period of 12 months from this date.

\_\_\_\_\_  
Site Evaluation

\_\_\_\_\_  
Planning and Zoning Chairman

\_\_\_\_\_  
Date of Zoning Deputy Visit

\_\_\_\_\_  
Planning and Zoning Vice Chairman

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Committee Approval Date \_\_\_\_\_