

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 \$15.00 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 _____