Town of Burrillville, Rhode Island Driveway Access Permit

Owner's Name:				Date:		
Addres	SS:					
Phone	Numbers:					
Location	on/Road:		1	Pole#	Lot#	
Corner	Property – Y / N	If so, name other stree	et:			
Purpos	se of Change:					
Name	of Contractor:		BANK	1		
Signat	ure of Applicant: _	/9/			<u> </u>	
2.3.	Plan of proposed of be submitted with If roadway access required. All construction is deflected or imped Conditions subject specified sized pip Ten (10) foot asph While under const	driveway location and the application for revisive to be done by applicated. Permit is based up to revision in the even may be required. The talk driveway apron muruction, a twenty-five	view and approval. nnection, etc.), a separant. In constructing a pon information subment that the changes use to be installed when (25) foot 1½" crushe	driveway, ronitted; it shall ndertaken creaccess is from	cavation Permit will badside drainage sha not be construed as tate unforeseen prob m a paved road.	ll be all not be s final.
Approval of Director or Designee				Date of Approval		