<u>Town of Lincklaen Driveway Permit</u>

CONDITIONS OF THIS PERMIT:

1. The owner must fill out this permit and return it to the address shown below. They will place stakes where they would like to put the driveway. Be sure to indicate the Road Name/Number and the exact location of the property.
2. The Town then will inspect same and advise as to the diameter, length, and gauge of the pipe and end sections. All driveway pipe will be **PLASTIC PVC (CORRUGATED OUTSIDE, SMOOTH INTERIOR) PIPE WITH END SECTIONS.**
3. The owner will purchase the pipe and end sections and have them delivered to the site. After the pipe is delivered the owner will again contact the Town stating that the pipe is at the site.
4. The Town will install the pipe and cover with gravel at no charge to the owner.
5. It is the owner's responsibility to do any other work needed to complete the construction of the driveway. The Town will advise ways to construct so that no water will flow on the highway or highway shoulder. It is **UNDERSTOOD THAT THE OWNER WILL FOLLOW THAT ADVICE.**
6. If it is decided that there is no need for pipe, it will be the owner's responsibility to construct the driveway entrance – keeping in mind that in no way will any work be permitted that will cause water to flow onto the highway or the highway shoulder.
7. **<u>NO REMOVAL OR BREAKING OF EXISTING GUIDE RAIL WILL BE ALLOWED.</u>**
8. Sight distance will be approved by the Highway Superintendent.
9. It is the owner's responsibility to notify the Highway Superintendent when the pipe is clogged or any other issues that arise concerning the pipe.

I HEREBY ACCEPT THE TERMS OF THE ABOVE PERMIT:

Type of Usage:

-----Residential-----Commercial-----
Agricultural

Vehicles per Day
<10   >10   >20

_____
SIGNATURE OF OWNER

_____
OWNER'S NAME (PLEASE PRINT)

_____
STREET ADDRESS

_____
CITY/STATE/ZIP

_(_____)_____
PHONE NUMBER

EXACT LOCATION OF PROPERTY: _____

_____

Return to:
Highway Superintendent Travis Hull
568 Union Valley Road
Pitcher, NY 13136
315-852-9573

APPROVED BY: _____

DATE: _____

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