



TOWN OF DOVER

APPLICATION FOR HIGHWAY ACCESS PERMIT

P.O. Box 428
West Dover, VT 05356
highway@doververmont.com
802-464-2000

Applicant:
Mailing Address:

Email Address:
Telephone No:
Property Tax Map No:

Residential
Agricultural
Commercial
Industrial
Development
Other

The undersigned request an Access Permit to allow constructing an access in accordance with the Town of Dover Highway Standards to serve the applicant's property, known as _____ located on the _____ side of _____ highway number _____ (the local name for the road being _____).

The property access will be located approximately _____ feet from the intersection of this road with _____. The applicant agrees to maintain said access and adhere to the directions, restrictions and conditions forming a part of this permit.

Approaches to state aid and town highways must be approved by the road commission prior to construction. Please call (802) 464-2000 to make an appointment.

All approaches to state highways must be approved by the District Highway Engineer. Please call (802) 442-2051 to make an appointment.

Date:
Signature of Applicant or Applicant's Agent:

PLEASE DRAW A MAP BELOW OF THE PROPOSED ACCESS OR ATTACH A SITE PLAN