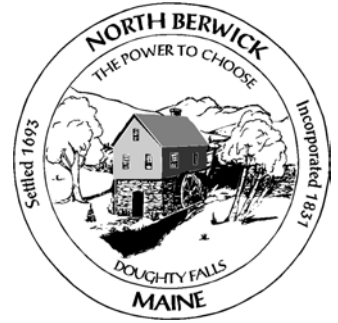


**TOWN OF NORTH BERWICK  
DRIVEWAY ENTRANCE APPLICATION**



**OWNER'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **MAP/LOT** \_\_\_\_\_

**DRIVEWAY LOCATION (ROAD):** \_\_\_\_\_

**Diagram proposed driveway on sketch below: (Specify sight distance, width, estimated culvert size)**

<b><u>Width of Driveway:</u></b>		<b><u>Est. Culvert Size:</u></b>
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**Street/Road Name:** \_\_\_\_\_

\_\_\_\_\_ Feet ← **Sight Distance** → \_\_\_\_\_ Feet

**CONTRACTOR (IF APPLICABLE)** \_\_\_\_\_ **EST. STARTING DATE:** \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

I understand that the driveway opening permit will be reviewed by a representative of the North Berwick Public Works Department and agree to pay the permit fee along with any associated cost of the culvert required for the driveway. I further agree to abide by all requirements established by the Town of North Berwick Street Design and Construction standards Ordinance

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

-----**OFFICE USE ONLY**-----

Permit Granted: \_\_\_\_\_ No. \_\_\_\_\_

By: \_\_\_\_\_

Culvert Cost:                   \$ \_\_\_\_\_

Culvert Installation Cost:   \$ \_\_\_\_\_

Permit Cost:                   \$ \_\_\_\_\_

**Total Cost:**                   \$ \_\_\_\_\_

Cash \_\_\_\_\_ Check # \_\_\_\_\_

<b><u>Culvert Sizing</u></b>
Culvert Required?   Y   N
Culvert Diameter: _____
Culvert Length: _____
Additional Clearing Required for Sight Distance? _____