TOWN OF PELHAM
DRIVEWAY PERMIT APPLICATION

File No. _______________ Date: _______________ $25 Paid: _______________

New _______ Permanent _______ Temporary _______ Modification ______

1. _____________________________________________________________
   Applicant       Address       Phone

2. _________________________________
   Owner           Address       Phone

3. _____________________________________________________________
   Installer       Address       Phone

4. _________________
   Driveway location (street, number, map/lot)

5. _________________________________
   Lot dimensions

6. _________________________________
   Driveway Dimensions

7. _________________________________
   Drive Construction Material

8. _________________________________
   Culverts Required

9. _________________________________
   Purpose of Driveway

10. ________________________________
    Plans Submitted

    Signature of Applicant

Received this date ______________ , by Town Clerk ________________________________

Superintendent’s Use:
Date Received _______________ Accurate Plans Submitted: ☐ Yes ☐ No
Application Approved: ☐ Yes ☐ No Remarks: ________________________________

TOWN OF PELHAM SUPERINTENDENT OF DEPARTMENT OF PUBLIC WORKS

This is to certify that the Driveway constructed by ________________________________
at _________________________________ has been installed in accordance with the specifications of the General Driveway Bylaw of the Town of Pelham.

File No. ___________ Date: ___________ Superintendent: __________________________
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TOWN OF PELHAM DRIVEWAY CONSTRUCTION PERMIT

Permission is granted to ________________________________ to construct a driveway at ________________________________ .

________________________________________
Superintendent