

(For Office Use Only)

Application No. _____

Date/Time received: _____

Lisbon Public Works Department

APPLICATION FOR DRIVEWAY ENTRANCE PERMIT

Applicant:
Address:
Applicant's Phone No.
Contractor Performing Work:
Address:
Contractor's Phone Number:
Property Owner:
Address:
Owner's Phone Number:
Contact Person: Phone Number:

Location of Proposed Driveway

Street & Box No.:		
Map Page:	Map Lot:	Dig Safe #
PLOT SKETCH		

Statement of Agreement

I am duly authorized to execute this application and have reviewed and will comply with all requirements of the Driveway Entrance Permit.

Signature of Applicant.

Date



DRIVEWAY ENTRANCE PERMIT

PERMIT No. _____

LOCATION _____

FEE PAID: **\$150.00**

CASH _____ CHECK# _____

ACC. CODE: TYPE 36 CAT 3 R03-4164

This permit authorizes _____ to
install an entrance onto the Town of Lisbon right-of-way at the location described on
APPLICATION No. _____. All work within the Town right-of-way is governed by **Title
23 M.R.S.A. § 3351 TO 3381** and **Town of Lisbon Ordinance Chapter 46**.

The following special conditions must be met or the Permit becomes void:

Director/Operations Manager or Foreman
Lisbon Public Works

Date