

Town of New Lisbon  
Department of Highways  
809 County Highway 16  
Garrattsville, NY 13342  
(607) 965-8287

Application for driveway permit

Conditions of this permit

All driveways shall be constructed to slope away from the edge of the travel lane at the same slope as the highway shoulder to the edge of the right of way, which normally varies in down-slope from 2% to 6% (0.25 in/ft to 0.75 in/ft).

No entrance gates, posts, pillars, or permeant fixtures shall be erected within the highway right of way.

The drainage of highway ditches and culverts shall not be impeded.

The owner will purchase the pipe and stone for head wall.

The town will install the pipe and cover it with gravel at no charge.

It can take up to 60 days from approval to get the pipe installed in regular construction season (April to October) and longer in winter.

It is the responsibility of the land owner to do any other work to complete the driveway. The town highway superintendent will give recommendations on how to build the driveway so water does not flow across the highway pavement, pond on the shoulders, or pond in the ditch. IT IS UNDERSTOOD THAT THE OWNER WILL FOLLOW THESE RECOMMENDATIONS.

If there is not a need for a pipe, it is up to the owner to complete the project. Keeping in mind that under no circumstance can the driveway cause water to flow across the highway pavement, pond on the shoulders, or pond in the ditch.

It is the responsibility of the land oner to get any other permits in connection with the installation of the drive way.

NO BREAKING OR REMOVEL OF GUIDERAIL WILL BE PERMITTED

I, the owner of the property at (TAX MAP #) \_\_\_\_\_ accept the terms of this permit.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Driveway Classification (Check All That Apply):

Residential  Commercial  Temporary (i.e., Logging)

New Driveway  Existing Driveway

Road name: \_\_\_\_\_

Address of nearest abutting driveway(s) along the road: \_\_\_\_\_

Distance from abutting driveway(s): \_\_\_\_\_

Property Owner: \_\_\_\_\_ Contractor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_ Phone #: \_\_\_\_\_

TAX MAP # \_\_\_\_\_

Schedule a date to meet with the highway superintendent on site to discuss driveway location and layout.

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Highway Superintendent's Use Only

Date of Inspection: \_\_\_\_\_

Sight Distance L: \_\_\_\_\_ R: \_\_\_\_\_ Culvert Pipe Required?  Yes  NO

Length: \_\_\_\_\_ Width: \_\_\_\_\_

Cost for pipe if buying from town \$ \_\_\_\_\_

Highway Superintendent's Signature: \_\_\_\_\_

Approval Date: \_\_\_\_\_

PERMIT VALID FOR 6 MONTHS FROM THE DATE OF APPROVAL