

Parcel No. _____ Issue No. _____

**TOWN OF GUILFORD
DRIVEWAY PERMIT**

Applicant's Name _____ Date _____

Address: _____ Telephone No. _____

Tax Map No. _____ Book _____ Page: _____ of Guilford Land Records

Location of Driveway: _____

Description of work (attach sketch) _____

Signature of Owner/Agent _____

CERTIFICATION OF ROAD COMMISSIONER

Date Application Received _____ Date of First Inspection _____

Location approved or disapproved with following stipulations:

Date of Final Inspection _____

Road Commissioner or Selectboard

Received for Record _____ Time: _____

Recorded in Book _____ Page _____ of the Guilford Highway Records

Attest _____
Town Clerk