

TOWN OF HEBRON
PO BOX 188
HEBRON, NH 032241

DRIVEWAY PERMIT APPLICATION

Name of Applicant: _____ Date _____

Mailing Address: _____

_____ Tele: _____

Name of Agent: _____ Tele: _____

Mailing Address: _____

Tax Map # : _____ Name of closest street intersection: _____

Road location: _____

Distance from closest street intersection: _____ (in feet)

Location on Property: _____

Describe any planned ditches, culverts, or other drainage ways: _____

- Please draw diagram on the back of this sheet.
- Please mark your driveway with stakes so the Planning Board, Road Supervisor or Selectmen can see your plan.

Fee: \$30.00 fee for each entrance. Check to be made out to the Town of Hebron.

DO NOT WRITE BELOW THIS LINE:

Payment: Fee Paid: _____ Check # _____ Cash _____ Other _____

Approved: _____ Denied: _____ Date: _____

Conditions: _____

Highway Supervisor: _____

Planning Board: _____