TOWN OF KINGSTON
NEW HAMPSHIRE

APPLICATION FOR DRIVEWAY PERMIT

Selectmen's Office: 642-3342

Selectmen's Fax: 642-4108 Highway Dept. 642-8042

Tax Map: _____ **Date:** _____
Property Owner: _____
Street Address: _____
City/Town: _____ **State:** _____ **Zip:** _____
Property Address: _____

Application for (please check one):

_____ **New Driveway**[1] _____**Alter Existing Driveway**[2] _____**Paving**

[1] Please attach a location sketch. (Include measurements from corner bounds and any other measurements to help with the location of the proposed driveway.)

[2] Landowner agrees to reconstruct the driveway entrance at the permitted location as described in the original driveway permit.

I hereby request permission to construct/alter a driveway entrance to my property on the _____ side of _____, at a location which will meet the requirements specified in the Town of Kingston Driveway Permit regulations.

As the landowner applicant I hereby agree to the following:

1. To construct the driveway entrance at the permitted location described in this permit; individual driveways **SHALL** be located a minimum of 20 feet from any side lot line.
2. To hold harmless the Town of Kingston Department of Highways and/or its agents against any action for personal injury and/or property damage sustained by reason of the exercise of this permit.
3. To furnish and install drainage structures that are necessary to maintain existing highway drainage and adequately handle increased runoff resulting from development at my expense as stipulated in the Town of Kingston Engineering Costs Agreement.

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE TOWN OF KINGSTON DRIVEWAY PERMIT REGULATIONS AND THE REQUIREMENTS OF THIS APPLICATION.

_____
SIGNATURE OF APPLICANT

Office Use Only: _____ (Date)

_____APPROVED _____DISAPPROVED

CONDITIONS: _____

_____

_____
Road Agent Signature

KPB
July, 2009

Copy to: Board of Selectmen/Property File; Road Agent; Planning Board