State of Vermont Town of Brookfield Application For Access Permit

There is a permit fee of \$50.00 for an Access Permit Property Owner: Mailing Address: Telephone: The undersigned requests an Access Permit to allow_____ to construct an access in accordance with Vermont Dept of Highways Standards to serve the applicant's property - Parcel Number______ located on the _____ side of Highway No. _____ Local Road Name The proposed access will be located approximately (feet or Miles) from the intersection of Prior to acceptance of this permit, the applicant must indicate the site of the proposed access with stakes marked with orange flags. The applicant agrees to maintain said access and adhere to the directions, restrictions and conditions forming a part of this permit. Dated at Brookfield, This_____day of______, 20___. Applicant's or Applicant's Agent Title

Access Permit

NOTICE: This permit is issued in accordance with Title 19, Section 43 V.S.A relative to all highways within the control and jurisdiction of the Town of Brookfield. The issuance of this permit does NOT release the applicant from any requirements of statutes, ordinances, rules and regulations administered by other governmental agencies. The Applicant must contact the necessary state agencies to obtain state permits before beginning construction. (24 VSA 4449 and 4463)

The permit will be effective upon compliance with such of these requirements as are applicable and continue in effect for as long as the present land use continues. Any change from the present land use will require a permit. This permit is subject to the directions, restrictions and conditions contained herein and on the reverse of this form and any attachments hereto, and covers only work described in this application, and then only when the work is preformed as directed. Violations are subject to the penalties set forth in Title 19, Section 43, V.S.A. of fines of not less than \$100, nor more than \$10,000 for each violation.

This Section to Be filled out By Road Fo	reman:
Directions, Restrictions and Condition: _	
Road Foreman	Date:
**********	******************
This Section must be completed by the	E-911 Coordinator before being presented to the Selectboard
for Review.	
New Property Address:	
E-911 Coordinator:	Date:
**********	*******************
Selectboard Acceptance of Permit:	
Selectperson	Date
Selectperson	Date
Selectperson	Date
Received for Record:	
AD	
AtO'clockMintuesM	
BookPage	
Attest:	
Town Clerk	