## State of Vermont Town of Brookfield Application For Access Permit

There is a fee of \$50.00 for an Access F	Permit
Property Owner:	
Mailing Address:	
Telephone:	
The undersigned requests an Access Pe	ermit to allow
to construct an access in accordance with	ith Vermont Dept of Highways Standards to serve the
applicant's property – Parcel Number	, Tax Map Number
Located on the side of Hi	ghway No
Local Road Name	
The proposed access will be located ap	proximately (feet or Miles) from the intersection of
this road with	
Prior to acceptance of this permit, the a	applicant must indicate the site of the proposed access with
stakes marked with orange flags.	
The applicant agrees to maintain said a	ccess and adhere to the directions, restrictions and conditions
forming a part of this permit.	
Dated at Brookfield, Thisday 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 Foreman:		
Directions, Restrictions and Condition:			
Road Foreman		Date:	
*****	****	****	
		or before being presented to the Selectboard	
for Review.			
New Property Address:			
E-911 Coordinator:		Date:	
*****	*****	****	
Selectboard Acceptance of Peri	nit:		
		— Received for Record:	
Selectperson	Date	AD	
Cala atra aura a	<u></u>	AtO'clockMintuesM	
Selectperson	Date	BookPage	
Selectperson	<u></u>	Attest:	
	Date	Town Clerk	