



**TOWN OF WINDSOR
ENGINEERING DEPARTMENT**

Permit No. _____

DRIVEWAY PERMIT

Date: _____

Fee: _____

Receipt No.: _____

APPLICANT INFORMATION

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

PROPERTY OWNER(S)

NAME(S) 1. _____

2. _____

ADDRESS(ES) 1. _____

2. _____

TELEPHONE #(S) 1. _____

2. _____

PROPOSED DRIVEWAY LOCATION

ADDRESS: _____

SUBDIVISION: _____ BLOCK: _____ LOT: _____

STREET: _____

* A detailed plot plan must be attached to this permit.

* All work under this permit must be in accordance with Chapter 11, Article VI of the Windsor Municipal Code.

* Work must be inspected by the Director of Engineering, or an appointed representative, after forms are set and before concrete is placed. After work is completed, the Director of Engineering must give final approval.

Signature of Applicant Date

Approved By: _____
Engineering Department Date

TO BE COMPLETE BY THE ENGINEERING DEPARTMENT
RECORD OF INSPECTIONS

Date	Notes
1. _____	_____
2. _____	_____
3. _____	_____