

**TOWN OF LEROY
DRIVEWAY PERMIT**

Applicant:	Parcel Identification Number (PIN):
Street Address:	Acreage:
City-State-Zip Code:	Address of property if different from applicant:

Contact Person

Please list the name and daytime phone number(include area code) of a person we can contact if we would have any questions about your application

Name: _____ **Daytime phone Number:** _____

Sketch of Property

Sketch of proposed driveway to include: Name of road access, distance from nearest property line, planned construction materials, driveway length and width, culvert size and position.

Applicant Signature	Date
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Area Below This Line For Office Use Only



Payment of Driveway Permit Fee – Date	Culvert Permit Applied for – Date
<input type="checkbox"/> DENIED <input type="checkbox"/> APPROVED Date	Final Inspection Date
Comments:	
Town Chairperson:	Supervisor #1:
Supervisor #2:	Clerk:
Variance Appeal Made:	Variance Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
Variance Appeal Heard:	Date:
Comments:	