

TOWN OF GRAFTON
P.O. Box 299
Grafton, New Hampshire
03240
Phone: (603) 523-7700

To Be Completed by Town:
Date Application Received:
____/____/____

\$25.00 Fee must be submitted at
the time of application

Driveway Application and Permit

To be completed by owner or authorized agent

Landowner's Name(s)

Telephone Number

Landowner's Mailing Address

Town/City, State, Zip Code

I have read and will comply with the Driveway Application and Permit Instructions and Requirements for the Town of Grafton, New Hampshire. (Available at Selectmen's Office)

Landowner's Signature

Date

TO BE COMPLETED BY TOWN OFFICIALS

Must be signed by the Road Agent **PRIOR** to construction of the driveway:

_____/____/____ [] Approved [] Disapproved
Signature of Road Agent Date

Notes:

Must be signed by Road Agent **AFTER** construction of the driveway:

_____/____/____ [] Approved [] Disapproved
Signature of Road Agent Date

***This sheet must be signed by the Road Agent in
order to be complete.***

**DRIVEWAY
CONSTRUCTION PLAN**

TOWN OF GRAFTON
P.O. Box 299
Grafton, New Hampshire 03240
Phone: (603) 523-7700

Road Name: _____

Tax Map: _____ Lot # _____

Driveway Sketch

L
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L
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L
i
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e

A **B** **C** **D**

Distance from A to B is _____ Feet.

Distance (Minimum 20 ft) from B to C is _____ Feet.

Distance from C to D is _____ Feet.

Culvert (if required) Diameter is _____ Inches.

Culvert (if required) Length is _____ Feet.

Copy to Board of Selectmen, Highway Department, Applicant