

Town of Farmington Driveway Permit

Applicant Name _____ Date _____

Address _____ Phone _____

Location of Driveway ___ 1/4 ___ 1/4 of Section _____ T ___ R _____

Name of Road Driveway will access _____

Who will be installing Driveway? _____

All driveways shall be constructed in a manner acceptable in the Town of Farmington. I understand and agree to construct the proposed driveway according to these specifications. The maintenance of this driveway shall be the sole responsibility of the property owner.

Signature of Applicant _____

Date _____

Signature of Board Member _____

Date _____

Culvert Order

Address for culvert billing (if different from above)
