

**TOWN OF STRATTON
HIGHWAY DEPARTMENT**

**ROAD CROSSING AND ACCESS
PERMIT APPLICATION**

**This Permit applies to the Town Right-Of-Way only.
An additional Zoning permit may be required for this project.**

Owner's / Applicant's Name, Address, & Phone # _____

Co-Applicant's Name, Address & Phone # (if different from above) _____

The location of work (Town, Highway route, distance to nearest mile marker or intersection & which side) _____

Description of work to be performed in the highway right-of-way (attach sketch) _____

Is a zoning permit required? YES NO - If yes, # _____

Is an Act 250 permit required? YES NO - If yes # _____

Other permit(s) required? YES NO - If yes name and # of each _____
(Use additional sheets if necessary)

Date work expected to begin _____ 20_____

Owner/Applicant _____

Signature _____ Date _____

Co-Applicant _____

Signature _____ Date _____

All work shall be accomplished in accordance with the attached plan dated _____

[Applicant - Do Not Write Below This Line]

PERMIT APPROVAL

(to be filled out by direction of the Select Board):

Description of Work Authorized by this Permit (include Special Conditions / Directions)

**This work is subject to the restrictions and conditions of
Stratton's ROAD CROSSING AND ACCESS ORDINANCE.**

Date work is to be completed _____ 20_____

Approved / Denied

Board of Selectmen

Date

No work shall be performed under this permit until the owner / applicant has contacted the Stratton Road Foreman at _____ (If no response, contact the Town Garage at 896-6224 or the Town Office at 896-6184 during normal working hours).