

Parcel Number: _____

Issue Number: _____

**TOWN OF MAIDSTONE
CURB CUT PERMIT APPLICATION**

In accordance with Maidstone Zoning Bylaw §304 Curb Cuts and Drainage

Applicant's Name: _____ Date: _____ Fee Amount Paid: _____

Address: _____ Phone #: _____

Mailing Address, if different: _____

Tax Map #: _____ Book: _____ Page: _____ of Maidstone Land Records

Location of Curb Cut: _____

Description of Work (attach sketch): _____

Signature of Owner/Agent: _____

CERTIFICATION OF ROAD COMMISSIONER/SELECTBOARD

Date Application Received: _____ Date of First Inspection: _____

Location approved _____ or disapproved _____ with following stipulations:

Date of Final Inspection: _____

Road Commissioner/Selectboard Name: _____

Road Commissioner/Selectboard Signature: _____

Date Received for Record: _____ Time: _____

Recorded in Book: _____ Page: _____ of Maidstone Land Records

Attested by: _____

Town Clerk Name

Town Clerk Signature