

TOWN OF CLARENDON, VERMONT  
ACCESS PERMIT APPLICATION

Residential, Agricultural, Commercial, Industrial, Development, Other

Owner's/Applicant's: Name \_\_\_\_\_  
Contact Name [if a business] \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Co-Applicant's: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number [If different from above] \_\_\_\_\_

Location of work [town, highway route and approximate distance (feet or miles) from the nearest intersection and which side] \_\_\_\_\_

The undersigned request a Clarendon Access Permit to allow \_\_\_\_\_  
to construct an access in accordance with Vermont Department of Highways Standards to serve the applicant's  
property, know as \_\_\_\_\_, which is located on the  
\_\_\_\_\_ side of \_\_\_\_\_ highway no. \_\_\_\_\_

Date work expected to begin \_\_\_\_\_. The applicant agrees to maintain said access and adhere to  
the directions, restrictions and conditions forming a part of this permit.

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Applicant or Applicant's Agent \_\_\_\_\_ Title \_\_\_\_\_  
(Print Name)

**PERMIT APPROVAL**

**NOTICE:** This permit is issued in accordance with Title 19, Chapter 11, Section 1111, V.S.A. relative to all  
highways within the control and jurisdiction of the Town of Clarendon, Vermont. The issuance of this permit  
**does not** release the applicant from any requirements of statutes, ordinances, rules and regulations  
administered by other governmental agencies. The permit will be effective upon compliance with such of these  
requirements as are applicable and continue in effect for as long as the present land use continues. Any  
change from the present land use will require a new permit. This permit is issued subject to the directions,  
restrictions and conditions contained herein and any attachments hereto, and covers only the work described in  
this application, and then only when the work is performed as directed.

**Where culverts are required the headwalls need to be made of symmetrical material.** See below for  
other Road Commissioner recommendations/requirements:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The work is subject to the restrictions and conditions that may be listed on the reverse page; in addition,  
Special Conditions stated on any attached page (s)

Date work is to be completed \_\_\_\_\_ 20\_\_

ISSUED DATE: \_\_\_\_\_

BY \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

Authorized Representative for the Town of Clarendon  
5/00 form amended 4/25/2011