

TOWN OF HURLEY
**APPLICATION FOR RESIDENTIAL DRIVEWAY
CUT**

Date: _____

Property Owner: _____

Owner Address: _____

Phone: _____

SBL Number: _____

Property Address: _____

Exact Location of Proposed Driveway (note nearest utility pole, intersection or property line): _____

Sight Distance: _____

(Minimum of 150ft. in each direction)

Length of Driveway: _____

Average Grade of Driveway: _____

Base Material: _____

Inspection Date: _____

Accepted: _____

Building Inspector

Highway Superintendent

Approval: Date: _____

Final Site Inspection: Date: _____ By: _____

**Driveway cut approval must be obtained prior to commencement of work. Once approval is given, Highway Department must be contacted at 338-4067 to conduct final site inspection. If ownership of property changes or if use is changed from single family residential to a multi-access route then the criteria for driveway would change and Town of Hurley Subdivision regulations would apply.*