



## TOWN OF MARLBOROUGH

Post Office Box 487  
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Telephone (603) 876-3751  
Fax (603) 876-3313  
e-mail: selectmen@marlboroughnh.org  
website www.marlboroughnh.org

### DRIVEWAY PERMIT APPLICATION

Owners Name: \_\_\_\_\_ Map and Lot: \_\_\_\_\_

Property Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name and address of the person(s) or firm who will perform the proposed work:

**Please attach a sketch plan of the driveway to this form.**

In consideration of the granting of this permit, the undersigned agrees:

- To accept and abide by all provisions of the Town of Marlborough Driveway Specifications, and all other pertinent ordinances or regulations that may be adopted in the future.
- To maintain the driveway at no expense to the Town.
- To notify the Director of Public Works at (603) 876-4401 when the driveway is ready for inspection.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

### **THIS SECTION FOR TOWN USE ONLY**

Is a driveway culvert required? Yes/No (circle one) Is driveway location acceptable? Yes/No (circle one)

Comments/Conditions (if any): \_\_\_\_\_

\_\_\_\_\_  
Director of Public Works

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Chairman

\_\_\_\_\_  
Selectman

\_\_\_\_\_  
Selectman

\_\_\_\_\_  
Date driveway passed final inspection

\_\_\_\_\_  
Signature of Director of Public Works (Inspector)

\$ 50.00 fee payable to  
"Town of Marlborough"

Date paid: \_\_\_\_\_