Town of Hebron
Driveway Permit Application

Property Address: ____________________________________________________________

Contact Information

Applicant name: ______________________________________________________________
If Applicant is a corporation, name of individual filling out this form and his or her job title:
Address: ___________________________________________________________________
___________________________________________________________________________
Telephone: __________________________________________________________________

Property Owner’s name (if different): _____________________________________________
Address: ___________________________________________________________________
___________________________________________________________________________
Telephone No.: __________________________________________________________________

If the Applicant is not the Property Owner, by checking this box the Applicant states that it is
authorized to act as an agent of the Property Owner with regard to this Application: ☐

If the Applicant is not the Property Owner, correspondence regarding this Application should be
sent to: ☐Applicant    ☐property owner

Site Information

Posted speed limit where the driveway will intersect the road: __________

Sight distance to the left (facing the road): __________ to the right: __________

From intersection with road to 5 feet away from intersection, grade sloping down from road: ___
From 5 feet to 30 feet away from intersection with road, grade sloping down toward road: _____

Describe how driveway surface and ditches (if any) will be stabilized to prevent erosion onto the
road or into the ditch: __________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

If drainage structures or culverts will be necessary, the size will be: ______________________

Angle of intersection between driveway and the road: ________________________________
If driveway will intersect State Route 119 or 124, please attach a copy of the Driveway/Entrance Permit issued by the Maine Department of Transportation.

If the driveway will serve two single-family dwelling units, the minimum travel width will be ________, and the maximum grade within 30 feet of intersections will be ________________.

If the driveway will serve two single-family dwelling units, please attach a copy of the driveway maintenance agreement included in the deeds to the lots being accessed by the common driveway.

To the best of my knowledge, all information provided on this Application and any attachments is true and correct.

______________________________
Date                                     Signature of Applicant

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**Driveway Permit**

The above application is:

☐ Granted.

☐ Granted subject to the following conditions:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

☐ Denied for failure to meet the following requirements of the Town of Hebron Driveway Ordinance:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

______________________________
Date                                      Code Enforcement Officer