

Application Fee: \$30.00 Paid _____

TOWN OF LOVELL

1069 Main Street, Maine 04051 207-925-6272 Email: ceo@lovellmaine.org

DRIVEWAY ENTRANCE PERMIT APPLICATION

Name of Property Owner:		
Mailing Address:		
Work Phone:		Home Phone:
Property Location:		
Map:	Lot:	
Proposed starting date for	construction:	
Name of Contractor:		
Contractor's Mailing Add	dress:	
Contractor's Phone Numb	er:	
Please flag the location of MARKED. The Public any questions, please call	the proposed driveway. Dr c Works Director will inspect the Public Works Director at 2	s Director and the 911 Coordinator, for their review iveway Opening location MUST BE CLEARL t the location and will contact you. If you have 207-925-1010.
Property Owner Signature		Date

Town Road	Private Road	State Road
Footage from nearest num	bered driveway/intersection:	New 911 Address:
Roads and Driveway approval is	based on the Standards outlined in the T	Fown of Lovell Zoning Ordinances. These Standards can be found
under Article 7.10 Roads and Dri	veway in the Lovell Zoning Ordinance	manual.