



TOWN OF OXFORD
DPW
DEPARTMENT OF PUBLIC WORKS

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450 MAIN STREET
PHONE: 508-987-6006 FAX: 508-987-6024
EMAIL: dpwpermits@oxfordma.us

Permit No. _____
Date Submitted: _____
Issue Date: _____

DRIVEWAY PERMIT APPLICATION

DPW USE ONLY (do not write in this section):

☐ Approved ☐ Denied

Reason for Denial:

Permit Approved By:

Date of Approval:

Conditions of Approval:

Application Fee: ☐ \$20.00 ☐ Cash OR ☐ Check No. _____

Liability Insurance Certificate: ☐ Received (Up-to-Date) ☐ Yes ☐ No Expires _____

Road Cut Fee: ☐ Yes ☐ No \$ _____ ☐ Cash OR ☐ Check No. _____

Requires Stormwater permit: ☐ Yes ☐ No If yes, permit issued: ☐ Yes ☐ No

Engineered plans required: ☐ Yes ☐ No

This application must be completed in full at the time of submittal. It is the responsibility of the applicant to all information required herein. Please type or print neatly.

****Please submit 72 Hours prior to date permit is needed****

APPLICANT INFORMATION:

Owner's Name:

Address:

Telephone:

Email:

Town:

State:

Zip:

Contractor:

Address:

Telephone:

Email:

Town:

State:

Zip:

Contractor's Name:

Telephone:

24 Hour Emergency #:

DRIVEWAY LOCATION/SCHEDULE:

House #:

Street:

Land Use: ☐ Residential ☐ Commercial

Building: ☐ New Construction ☐ Existing

Curb Cut: ☐ New

☐ Widen Existing

☐ Relocate Existing

Width of Opening: _____ feet

Location (Check all that apply): ☐ Roadway ☐ Shoulder ☐ Sidewalk ☐ Curb ☐ Driveway ☐ Private Property

Start Date:

Finish Date:

Dig Safe #:

Date Valid:

Provide Pre-Construction Photo(s): ☐ Check if attached

Excavation within 100ft of Wetlands? ☐ Yes ☐ No

A completed description of the proposed work and sketch must be provided on the following page



DRIVEWAY SKETCH IS REQUIRED

Property Address: _____

Provide description of the proposed work: _____

An engineered plan required for a ***stormwater management permit***, and to be completed by a Massachusetts Registered Professional Engineer, should be submitted in lieu of a sketch.

CONTRACTOR CERTIFICATION

The undersigned hereby certifies that he/she has read and examined this application and that the proposed work is accurately represented in the statements made in this application. I understand that no work shall be performed prior to the issuance of an Approved Permit and that all work shall be executed in accordance with the terms and conditions of said permit (and all other applicable laws and by-laws in effect on the date of issuance). I understand that deviations from the Approved Permit Plan that have not been subsequently approved in writing by the permitting authority shall result in immediate revocation of the permit and require restoration of disturbed area to pre-construction conditions.

Signature of Contractor

Date

PROPERTY OWNER CERTIFICATION

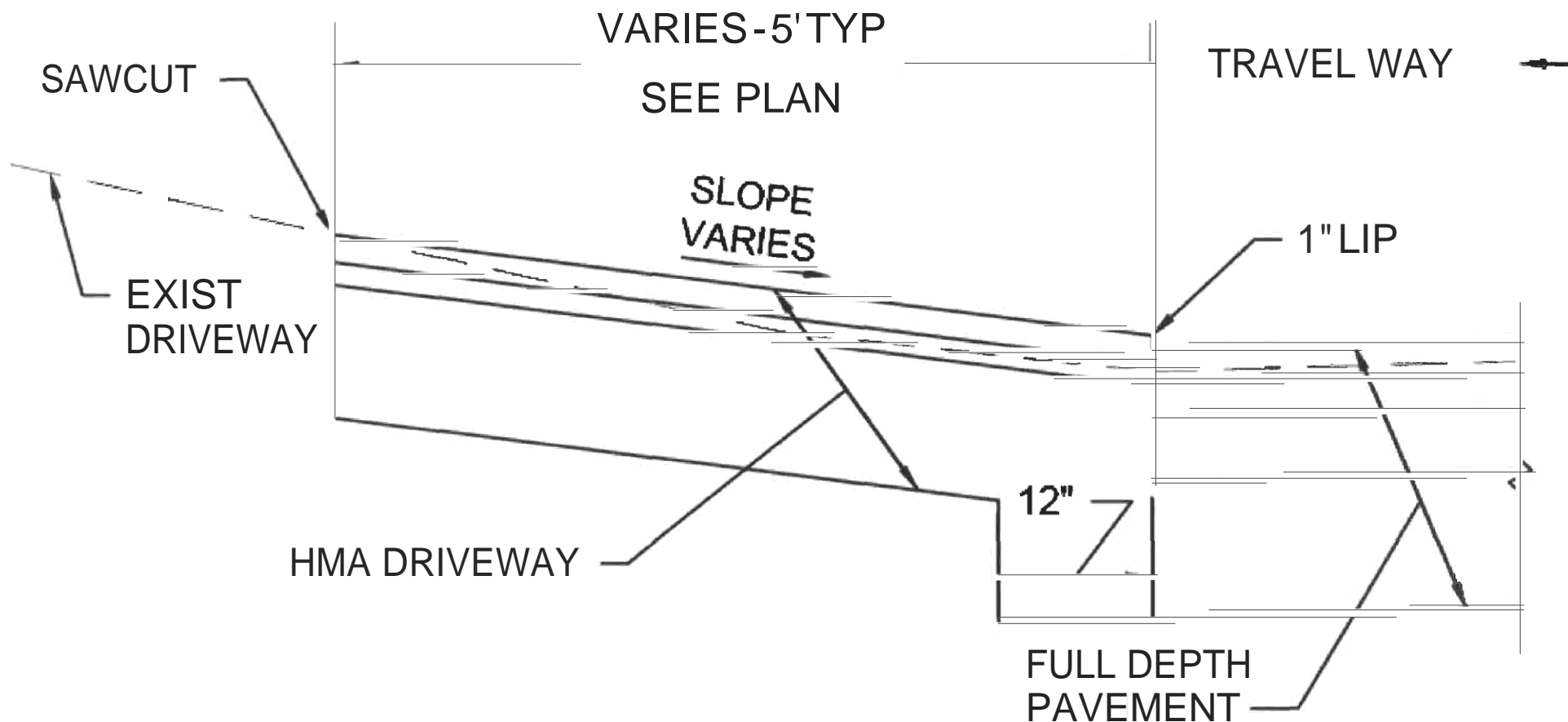
I, _____, as Owner of the subject property hereby authorize _____ to act on behalf, in all matters relative to work authorized by this Driveway Permit Application. I understand that the permit application will not be accepted or the permit granted until all applicable fees are paid in full. No work shall be performed prior to issuance of an Approved Permit.

I further certify that Town of Oxford will not be responsible for future maintenance, upkeep or repair of the area subject to the approved permit that is within the Town Right-of-Way.

Signature of Owner

Date

****Please submit 72 Hours prior to date permit is needed**



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Typical Driveway Apron Without Sidewalk

SCALE: N.T.S.