

**TOWN OF OXFORD**  
**DPW**  
DEPARTMENT OF PUBLIC WORKS

**TOWN OF OXFORD**  
**DEPARTMENT OF PUBLIC WORKS**  
**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:	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial	Building:	<input type="checkbox"/> New Construction <input type="checkbox"/> Existing
Curb Cut:	<input type="checkbox"/> New <input type="checkbox"/> Widen Existing <input type="checkbox"/> Relocate Existing	Width of Opening: _____ feet	
Location (Check all that apply): <input type="checkbox"/> Roadway <input type="checkbox"/> Shoulder <input type="checkbox"/> Sidewalk <input type="checkbox"/> Curb <input type="checkbox"/> Driveway <input type="checkbox"/> Private Property			
Start Date:	Finish Date:	Dig Safe #:	Date Valid:
Provide Pre-Construction Photo(s): <input type="checkbox"/> Check if attached		Excavation within 100ft of Wetlands? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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



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## DRIVEWAY SKETCH IS REQUIRED

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

Provide description of the proposed work: \_\_\_\_\_

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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**

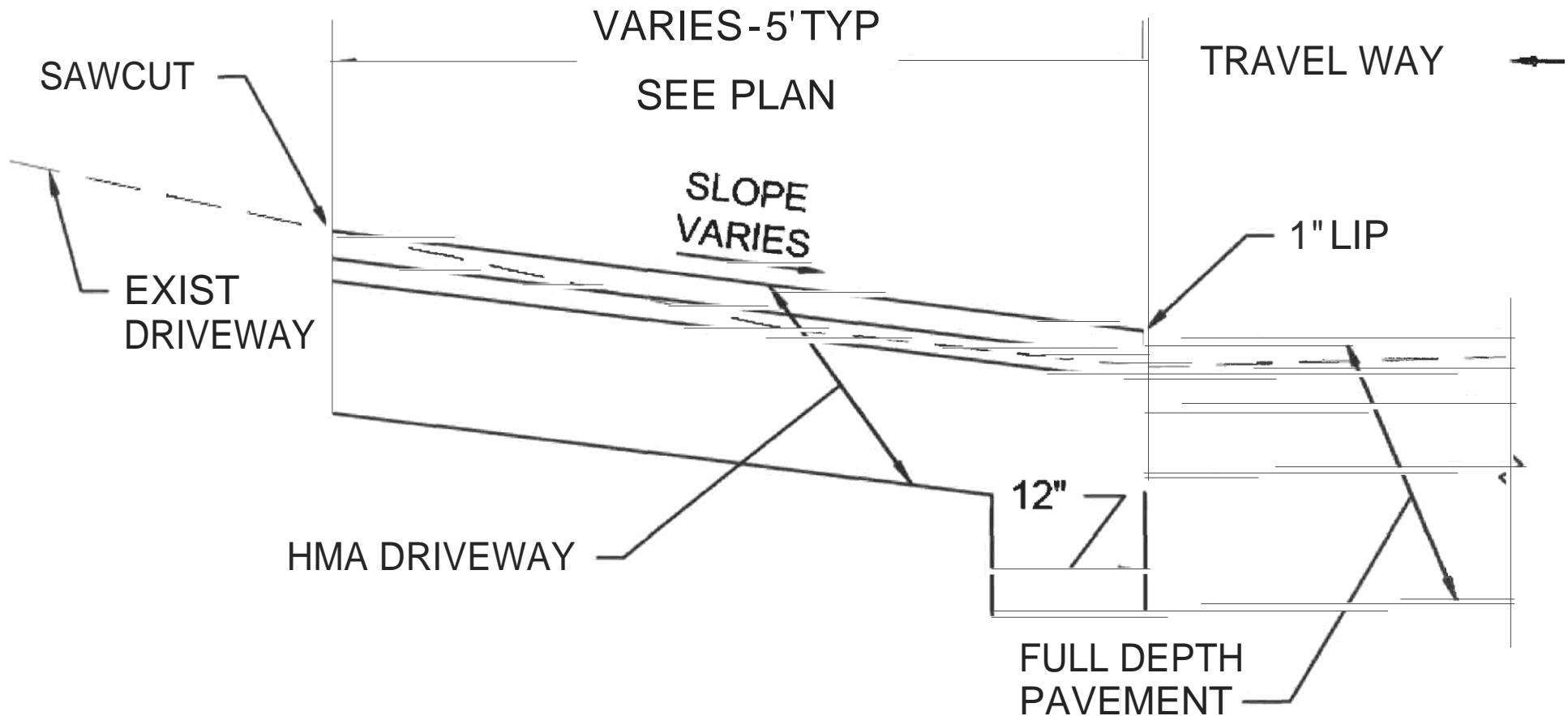
I, \_\_\_\_\_, as Owner of the subject property hereby authorize \_\_\_\_\_ to act on behalf, in all matters relative to work authorized by this Driveway Permit Application. I understand that the permit application will not be accepted or the permit granted until all applicable fees are paid in full. 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**



Typical Driveway Apron Without Sidewalk

SCALE: N.T.S.