TOWN OF SAVOY
720 MAIN ROAD
SAVOY, MASSACHUSETTS 01256

PH: 413-743-4290 FAX: 413-743-4292 EM: sbadmin@townofsavoy.com

FEE: $25.00

DRIVEWAY PERMIT APPLICATION

NAME:_____ PHONE:_____

MAILING ADDRESS:_____

PROPERTY ADDRESS:_____

Assessors Map: _____ Block:_____ Lot:_____

Is this property subject to a Conservation Restriction? Yes ____ No ____

If yes please specify: Chap. 61 (Forestry) _____ Chap. 61A (Agriculture) ____ Chap. 61B (Recreation) _____

Does the Conservation Restriction involve wetlands? Yes ____ No ____

Intended Use: Business ____ Residential ____ Logging ____ Duration: Permanent ____ Temporary ____

Materials:_____

Drainage Provisions *(if applicable): _____

*Please address drainage considerations from the driveway onto the roadway. The Highway Superintendent may require additional information or documentation

APPLICANTS SIGNATURE:_____ DATE: _____

Are taxes current?* Yes ____ No ____ Tax Collector: _____ Date:_____

*Driveway permit will not be issued unless taxes are current

Action/Inspection of the Highway Superintendent: _____

Approved: ____ Conditions: _____

Denied: ____ Reason for Denial: _____

Highway Superintendent Signature: _____ Date: _____

DATE RECEIVED:_____ CHECK#:_____ AMT:_____

CC Application to:
-Applicant
-Highway Superintendent
-Conservation Commission (if restriction is involved)
-Select Board Administrative Assistant to file

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