



**TOWN OF LIVINGSTON  
BUILDING INSPECTOR  
CODE ENFORCEMENT OFFICER  
SAM HARKINS  
POST OFFICE BOX 67  
LIVINGSTON, NEW YORK 12541  
(518) 851-9441 EXT. 314**

## **DRIVEWAY PERMIT**

Date: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_

Road Name: \_\_\_\_\_

The Highway Department has approved the request for a driveway to enter onto  
\_\_\_\_\_ Road.

Flags are to put in to show where the driveway will be? \_\_\_ Yes \_\_\_ No

Is there sufficient visibility for oncoming vehicles? \_\_\_ Yes \_\_\_ No

Is a culvert needed? \_\_\_ Yes \_\_\_ No

Length of culvert \_\_\_\_\_

Diameter of culvert \_\_\_\_\_

Superintendent of Highways Signature: \_\_\_\_\_

Date: \_\_\_\_\_