ST. LAWRENCE COUNTY DEPARTMENT OF HIGHWAYS 44 Park St., Canton, NY 13617

Phone: 315-379-1542 Fax: 315-379-1061

Permit	No		
1 611111	110.		

APPLICATION FOR PERMIT

A DRIVEWAY STRUCTURE ON THE COUNTY ROAD SYSTEM Section 136, Highway Law

NAME OF APPLICANT:				
MAILING ADDRESS:				
EMAIL:				
SITE ADDRESS (INCLUDE COU Please give us the name or number to find the worksite. Mark the worksite.	JNTY ROUTE AND 911 N	UMBER OR TAX MAP	and directions on how	
The driveway will be mainly used	for: (Please circle one) A	griculture / Commerci	al / Residential	
Signature of Property Owner		Date		
The non-refundable application for RETURN TO: ST. LAWRENCE (44 PARK STREET, CANTON, NOTE PHONE: 315-379-1542 FAX: 3	COUNTY DEPT. OF HIGH Y 13617	•	surer.	
	rt below is to be filled in by Hi	ghway Personnel)		
Approved by: Date:	Sight Distanc	e:	Town:	
Comments:				
Material to be used:	ls ditching ı	equired:		
Please note the following condition	ns that are applicable:			
 Proposed driveway location is apposted speed at the proposed lo location to increase sight distance 	proved and meets or exce		•	
 Location has inadequate sight dis permit will be issued. However, t inadequate sight distance. 	-	•		
☐ St. Lawrence County will not perm	nit due to inadequate sight	distance at the propos	ed location	
☐ Applicant responsible for obtaining	g jurisdictional determinati	on and all other NYSDE	EC permits as required	
Fee Received Date	<u>Per</u>	mit Status	Date:	
\$	1. <i>1</i> . <i>1</i>	Approved or Denied		
	2. 1	Permit Notice Sent		
	3. 1	Permit Sent		
	4. 1	Date Inspected		