CITY OF AUGUSTA, MAINE

DRIVEWAY LOCATION PERMIT

Owner's Name: _____ **Phone:** ( ) _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** ____

Property Location: _____ **Map** _____ **Lot** _____

Mileage From Nearest Intersection: _____ **(in tenths) (N / S / E / W)** _____

Residential:

Minimum width: 12'
Maximum width: 24'
Minimum distance between driveways: 20'

Commercial:

	One Way	Two Way
Minimum width:	16'	24'
Maximum width:	24'	35'

Minimum distance between driveways: _____

Sight Distance:

_____ **(N / S / E / W)**

_____ **(N / S / E / W)**

Drive-Way Separations:

_____ **(N / S / E / W)**

_____ **(N / S / E / W)**

Approved Use: _____

Notes: _____

Sketch:

Engineer: _____ **Date:** ____ / ____ / ____