

TOWN OF KILLINGLY

172 MAIN ST

KILLINGLY CT 06239

860-779-5349 / 860-779-5360

Permit # _____

DRIVEWAY PERMIT APPLICATION

Fax # 860-779-5326

NAME OF APPLICANT _____ PHONE # _____

MAILING ADDRESS _____ ZIP _____

PURPOSE OF DRIVE _____ DRIVEWAY LOCATION _____
(RESIDENTIAL, INDUSTRIAL, ETC.)

SKETCH OF DRIVEWAY AT STREET _____ NEAREST UTILITY POLE # _____

MAP # _____

LOT # _____

No Cost Driveway Permit

Email Address: engineering@killinglyct.gov

Or mail to the address on application

TOWN REQUIREMENTS (CHECK ALL APPLICABLE ITEMS):

☐ HOT MIX BITUMINOUS APRON

☐ 15" DIA DRIVEWAY CULVERT

☐ OTHER (LIST) _____

☐ CUT EMBANKMENT FOR SIGHT DISTANCE

☐ CONSTRUCT ROADSIDE SWALE

The applicant understands that a Certificate of Occupancy will not be issued until either all the above requirements have been completed or a performance bond has been posted with the Town. **All work to be approved by the Town Engineer or authorized representative and completed within one year.**

Upon affixing signature to this application, the applicant agrees, as a condition governing the issuance of permit, that the Town of Killingly, the Town Manager, his agents and designees be held harmless for any and all claims and actions whatsoever arising from the exercising of said permit. The applicant agrees to carry, Worker's Compensation, Comprehensive General Liability and Automotive and Mobile Equipment Liability Insurance.

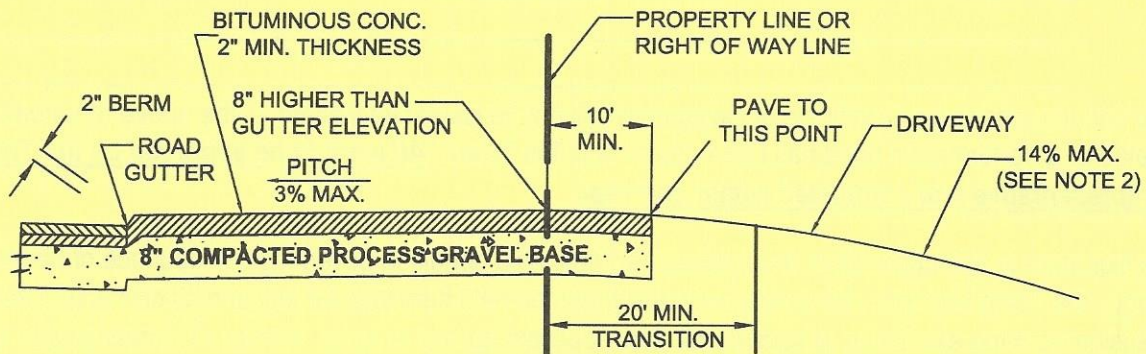
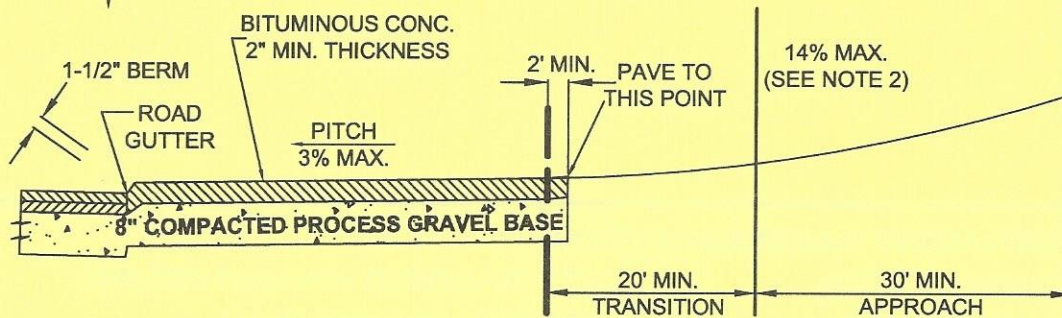
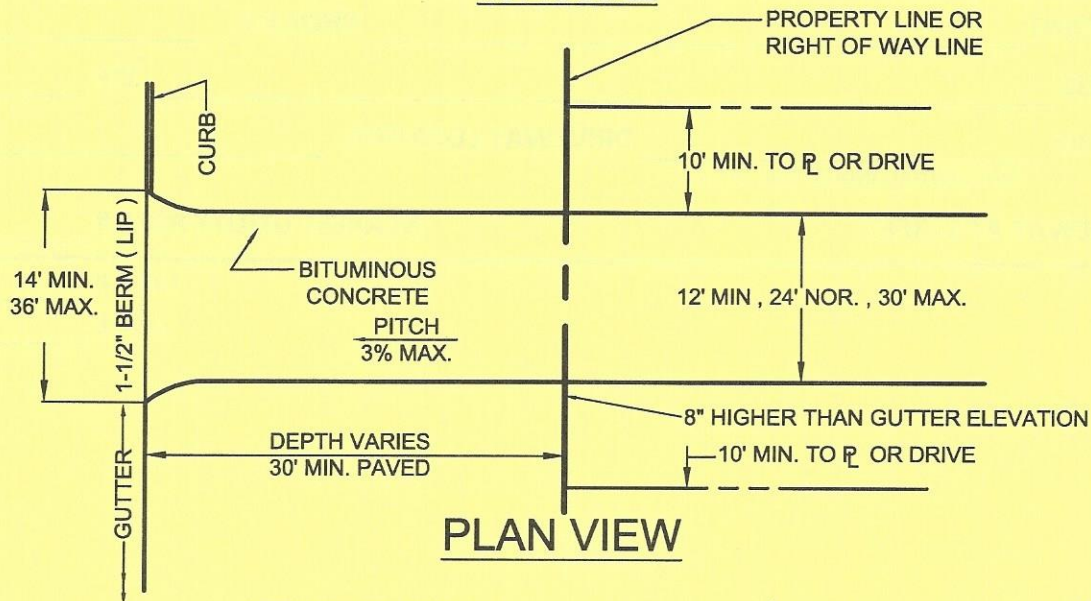
**Name, Address and Phone # of owner
if different from applicant.**

Signature of Owner or Applicant _____ / /
Date

Signature of Issuing Official _____ / /
Date

TOWN OF KILLINGLY STANDARD DRIVEWAY

DETAIL
NOT TO SCALE



1. THE ABOVE DETAIL IS ILLUSTRATIVE ONLY AND DOES NOT APPLY TO EVERY SITUATION. REVIEW YOUR DRIVEWAY PERMIT FOR YOUR SPECIFIC REQUIREMENTS.

2. DRIVEWAYS IN EXCESS OF 10% GRADE, AND ALL COMMON (SHARED) DRIVEWAYS SHALL BE PAVED WITH BITUMINOUS CONCRETE.

Approved Rev. April 2015
REV. JUNE 1996
REV. FEB. 1, 1988