

Town of Kingston  
Highway Department  
906 Sawkill Road  
Kingston, NY 12401

### Driveway Application/Permit

Date of Request: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Applicant Name: \_\_\_\_\_ Property Owner Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_ Property Owner Address: \_\_\_\_\_

Applicant Phone # (\_\_\_\_)\_\_\_\_-\_\_\_\_ Property Owner Phone # (\_\_\_\_)\_\_\_\_-\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Address/Street location of work to be done: \_\_\_\_\_

Description of work to be done:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This form **must** have an illustration of the driveway plan attached (can be drawn by hand) and proposed driveway location must be staked out (marked with hardware or paint). **Applicant must have a current Dig Safely New York ticket for the proposed plan.**

DSNY Ticket # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Check all that apply:**

- |   |  |
|---|--|
| <input type="checkbox"/> Application is part of a sub-division on file.   | <input type="checkbox"/> Applicant/owner is modifying an existing driveway.                              |
| <input type="checkbox"/> Applicant/owner is installing a first driveway.  | <input type="checkbox"/> Applicant has submitted an illustration of the driveway plan. <b>(Required)</b> |
| <input type="checkbox"/> Applicant/owner is installing a second driveway. | <input type="checkbox"/> Applicant has staked out proposed location of driveway. <b>(Required)</b>       |

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Property Owner's Signature

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**All Information Below Is For Office/Superintendent Use Only**

Date of Inspection \_\_\_\_/\_\_\_\_/\_\_\_\_     Town Road     State Road     County Road     Private Road  
 Permit Approved     Permit Denied     Permit Not Applicable

The following requirements must be completed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All above work has been completed and approved     Yes     No

\_\_\_\_\_  
**Town of Kingston Highway Superintendent**

\_\_\_\_/\_\_\_\_/20\_\_\_\_  
**Date of Final Inspection**