LEWIS COUNTY HIGHWAY DEPARTMENT
P: 315-376-5350

John E. Reed
Highway Superintendent
johnreed@lewiscounty.ny.gov

Driveway Permit

Date: _____

Owner's Name: _____

Mailing Address: _____

Post Office & Zip Code: _____

E-mail Address: _____

Telephone Number: _____

County Road: _____ **County Road Number:** _____

Side of Highway (circle) **North** **South** **East** **West**

Location: Reference to utility pole number or adjacent property owners or intersecting roads.

_____

_____

Date when driveway is needed: _____

********** *Proposed driveway must be clearly staked for supervisor* **********

Signature:

_____

◆◆◆