



Town of Ulster
Highway Department
Frank C. Petramale, Superintendent
 584 East Chester Street Bypass
 Kingston, N.Y. 12401

Phone: 845-338-0193
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OFFICE USE ONLY
PERMIT # _____

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:

- Application is part of a sub-division on file. Applicant/owner is modifying an existing driveway.
- Applicant/owner is installing a first driveway. Applicant has submitted an illustration of the driveway plan. **(Required)**
- Applicant/owner is installing a second driveway. Applicant has staked out proposed location of driveway. **(Required)**

 Applicant's Signature

 Property Owner's Signature

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

Frank C. Petramale, Highway Superintendent

____/____/20____
 Date of Final Inspection