

**PLEASE NOTE:** Your BOND will be forfeited if APRON is not completed and inspected with-in 6-months after Certificate of Occupancy being issued.

Town of THOMPSON  
815 Riverside Drive, N. Grosvenordale, CT 06255  
**SELECTMEN'S OFFICE**

**PERMIT APPLICATION for DRIVEWAY ACCESS or APRON**

**BOND RECEIVED \$** \_\_\_\_\_ **DATE** \_\_\_\_\_, 20

☐ Check No. \_\_\_\_\_.

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_  
PRINT Name

Address of Applicant: \_\_\_\_\_

Location of proposed work: \_\_\_\_\_ Sub-Division: \_\_\_\_\_  
*Nearest Utility Pole #, will do...note whether a SNET or CL&P pole. Lot # if you have no street address*

Permit requested: \_\_\_\_\_ Or do you plan to have a full-length drive? YES  
*Apron Only?*

Name of Insurer: \_\_\_\_\_ Expiration of 'Certificate of Insurance' \_\_\_\_\_, 20

Desired Starting Date: \_\_\_\_\_ Approximate completion date: \_\_\_\_\_

Show a sketch of proposed work or a copy of plot plan with driveway access:

**Certification:** I agree to furnish the Town of Thompson the amount of bond or deposit required, and to reimburse said Town for any expense incurred in completing any work which is performed in connection with this permit. I, the undersigned agrees to comply with all conditions of the Town of Thompson's Driveway Ordinance, the applicant agrees, as a condition governing the issuance of said permit, that the Town of Thompson, the Board of Selectmen, their agents and designees be held harmless from all claims and actions whatsoever arising from the exercising of said permit, if granted. All information contained within is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Driveway Application **FEE: \$50.00** Non-refundable

Make Check payable to 'Town of Thompson'

Permit Application shall be completed in full with live signature or application will be voided and returned to applicant.

Check #

Date:

Rec'd By:

Form 4-2004