

TOWN OF LITTLE COMPTON  
PO BOX 226  
LITTLE COMPTON, RI 02837

APPLICATION NO. \_\_\_\_\_  
DATE: \_\_\_\_\_

DRIVEWAY CUT PERMIT APPLICATION

APPLICANT: \_\_\_\_\_  
(PERMITEE)

APPLICANT'S ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_  
PRINT NAME SIGNATURE AND DATE

PROPERTY OWNER'S ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

DEVELOPER \_\_\_\_\_  
PRINT NAME OF BUSINESS AND OWNER SIGNATURE AND DATE

DEVELOPER'S ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ENGINEER \_\_\_\_\_  
PRINT NAME SIGNATURE AND DATE

ENGINEER'S ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

TYPE OF APPLICATION: SINGLE FAMILY \_\_\_\_\_ ALL OTHERS \_\_\_\_\_

LOCATION OF WORK \_\_\_\_\_  
(BE SPECIFIC – TOWN ROAD, POLE NUMBER, HOUSE NUMBER, PLAT & LOT NUMBER)

PURPOSE OF PERMIT \_\_\_\_\_  
ATTACH SEPARATE SHEET AND SKETCH IF NECESSARY

I hereby certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information under the authority of the Little Compton Town Code, Chapter VII.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

This permit is valid for one year from the date of approval, subject to the conditions listed below and attached:  
CONDITIONS OF APPROVAL:

APPROVED  
 DENIED

\_\_\_\_\_  
SIGNATURE – HIGHWAY SUPERVISOR/DPW DIRECTOR