



TOWN of HOLLIS
CODE ENFORCEMENT OFFICE
Phone: 929-2251 Fax: 929-3686
www.hollismaine.org

Office Use Only

Date Pd: _____

Amount: _____

Check #: _____

Cash: _____ CC: _____

Permit # _____

DRIVEWAY PERMIT APPLICATION

Property Owner Information

Property Owner Name: _____ Phone: _____

Address: _____

Email Address: _____

Applicant Information

Applicant Name: _____ Phone: _____

Applicant Address: _____

Email Address: _____

Property Location Information

Directions to property: _____

Route No. _____ Road Name: _____

☐ North ☐ South ☐ East ☐ West – side of road

Distance from nearest intersection: _____ Name of Intersection: _____
(estimated in tenths of a mile)

Nearest Utility Pole #: _____ Attach Survey Data (if available)

Zone ____ Map/Lot ____ (MUST provide copy of tax map) Lot prior to May 25, 2002? ____ Yes ____ No

****Proposed Location of Driveway/Entrance shall be staked and flagged by applicant.**

Driveway Information

Proposed Driveway Purpose: ☐ Single Family Residence ☐ Home Business ☐ Commercial/Industrial

Desired width of Driveway: _____ Type of Surface: _____
(feet) (gravel, pavement, etc.)

Construction Information

Construction expected to begin on _____ and be completed on _____

Person/Company constructing entrance: _____

Construction contact's name: _____ Phone Number: _____

Signature of Applicant: _____ Date: _____