



Town of Moira
P.O. Box 150
522 County Route 6
Moira, NY 12957
(518) 529-6080
www.townofmoirany.org

DRIVEWAY AND CULVERT PERMIT APPLICATION

REQUIRED INFORMATION:

Property Owners Name: _____ Date: _____

Address: _____

Phone Number: _____ Email: _____

911 Address of desired location: _____

Parcel #: _____ Section: _____ Range: _____

Legal Description: _____

Town Highway to be accessed: _____

Type of Proposed Use: NEW CHANGE OF USE RELOCATION

Proposed Driveway Length: _____ Proposed Driveway Width: _____

Existing Driveway? YES NO

Existing Culvert? YES (Approximate Diameter _____) NO

Date of Proposed Driveway Construction and/or Culvert Installation: _____

Signature of Applicant: _____ Date: _____

To be completed by the Superintendent of Highways

1. A culvert of _____ length and _____ diameter IS IS NOT Required.

2. This application is: APPROVED APPROVED WITH CONDITIONS DENIED

Conditions: _____
