



**TOWN OF BELMONT**  
**Office of Community Development**  
19 Moore Street      P. O. BOX 56  
BELMONT, MASSACHUSETTS 02478  
Telephone: (617) 993-2664      Fax: (617) 993-2651

**DRIVEWAY EXPANSION APPLICATION**

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Location: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Owner Signature: \_\_\_\_\_

**ATTACH A COPY OF CERTIFIED PLOT PLAN SHOWING PROPOSED DRIVEWAY EXPANSION**

A check payable to "Town of Belmont" in the amount of \$50.00 must accompany your application.

**For Office Use Only**

	REQUIRED	EXISTING	PROPOSED	DECISION
Min. Open Space				

Notes:  
\_\_\_\_\_  
\_\_\_\_\_

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

DATE: \_\_\_\_\_  
Approved

\_\_\_\_\_  
Glenn R. Clancy, P.E.  
Director

Cc: Department of Public Works- Highway Division