



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: _____

Location: _____

Property Owner: _____

Telephone Number: _____

Contractor Name: _____

Telephone Number: _____

Owner Signature: _____

Check one:

- Replace Existing Driveway (no change to existing dimensions)**
 - Provide photos showing existing driveway location
 - No Fee

- Replace Existing Driveway (no change to existing dimensions)**
 - Provide Certified Plot Plan showing new driveway limits
 - Submit a check payable to "Town of Belmont" in the amount of \$50.00.

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