



TOWN OF NEW MARKET
PUBLIC RIGHT-OF-WAY RESTORATION
PERMIT APPLICATION

Application Date: _____ Application Fee: \$50.00

For Office Use Only:

Fee Paid: \$ _____ Check #: _____ Cash: _____

Property Owner Name: _____

Address: _____

Phone: (H) _____ (W) _____ (C) _____

Location of Work: _____

Description of Work (Describe impact of work to structures, sidewalks, trees, etc. in the public right-of-way)

Photograph of Existing Conditions (attach to this application)

By signing this permit the applicant agrees to restore the public right-of-way and its appurtenances to a condition acceptable to the Town of New Market. The Town of New Market will inspect the restoration work.

Owner's Signature: _____

Applicant's name printed: _____

For Office Use Only:

Zoning Administrator

HDC/ARC

Approved: _____

Approved: _____

Disapproved: _____

Disapproved: _____

Conditions: _____

Conditions: _____

Date: _____

Date: _____