

TOWN OF BECKET HIGHWAY DEPARTMENT

47 LYMAN STREET • BECKET, MA 01223 TEL. 413-623-8988 • FAX 413-623-2007 HIGHWAY@TOWNOFBECKET.ORG

To: Highway Superintendent, Town of	Becket Date
I,	(full time
residential mailing address) hereby requ	uest permission to construct a driveway to
my property across town owned propert	ty exiting off
Map/Lot number	a Town accepted street/road. I
understand all costs of construction will	l be my responsibility. No driveway
construction on Town owned property r	may be started until a driveway permit has
been issued.	
The excavating contractor for my drive	way construction will be:
Name	
Street	
City/TownSta	
Telephone	
	e marker must indicate your requested
A fee of fifty dollars (please make)	ke checks payable to the Town of Becket)

Please have this portion completed and signed by the Town of Becket Tax

must accompany this application.

Collector:

Owner/Applicant		
Assessor Map and Lot number		
Street Address		
The owner/applicant is not delinquent on their taxes		
Signature of the Tax Collector	Date	-
		~
Owner's Signature	Date	
Telephone number		
Email Address		