

**Town of Rosendale Highway Department**  
**Robert Gallagher, Superintendent of Highways**  
**Located at: 518/520 Lefever Falls Rd Rosendale, NY 12472**  
**Mailing address: 1915 Lucas Avenue Cottekill, NY 12419**  
**Phone: 845-658-9851 Fax: 845-658-3406**  
**E-Mail: highwayclerk@townofrosendale.com**

**Residential  
Driveway Permit Application**

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

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

**Mailing Address:**

\_\_\_\_\_

\_\_\_\_\_

**Contact information: Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**E-Mail address:** \_\_\_\_\_

**Address for permit if different from mailing address:** \_\_\_\_\_ **SBL#:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Owner's Name and address if different from applicant:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Driveway is:** \_\_\_\_\_ **New** \_\_\_\_\_ **Change in driveway location**  
\_\_\_\_\_ **Additional / 2<sup>nd</sup> driveway**

**You must submit all driveway permit requirements along with this application, application fee of \$100 (onehundred- dollars) and **proof of insurance.****

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Permit #:** \_\_\_\_\_

**Permit fee paid:** \_\_\_\_\_ **Check #:** \_\_\_\_\_

**Check must be made payable to the Town of Rosendale Highway Dept.**