

TOWN OF New Castle, New Hampshire
49 Main Street, PO Box 367, New Castle, NH 03854-0367



TELEPHONE (603) 431-6710 X 15 FAX (603) 433-6198

Email: Buildinginspector@newcastlenh.org

Entrance Permit Application

Issue Date: _____
Permit#: _____
Map: _____
Lot: _____
Zone: _____

Application is hereby made for a permit to:

- ☐ Construct ☐ Alter
☐ Relocate ☐ Private
☐ Commercial

Entrance on Street/Road: _____

Upon approval of the location of the entrance approach, I agree to the following:

1. The grade of the approach at the location to be agreed upon is to be such as will permit a safe and controlled approach to the roadway during all seasons and so designed that no water will discharge from the approach or be diverted by the approach upon the traveled surface of the roadway.
2. Such drainage structures as are necessary to maintain existing roadway drainage are to be furnished by me, and are to be of such design as will meet the Town of New Castle Department of Public Works specifications.
3. Any fill placed beside the roadway shall be graded so that the ditch line is maintained and no water is discharged or diverted toward or onto the traveled surface of the roadway.

Property Owner's Name: _____

Mailing Address: _____

Stakes in place: ☐ Yes ☐ No Size of Culvert: _____

Head Walls to be built: ☐ Yes ☐ No Type: _____

On the back of this application, please diagram the intended entrance opening and show related information such as stonewalls, lot markers, direction of flow in any drainage ditch, utility pole(s), numbers and exact distances from boundaries.

For Office Use Only

Date Granted: _____

Road Agent/Planning Board: _____
(Signature Required)

☐ Check here if this is to be referred to the New Castle Planning Board