

# Application/Permit to Construct a Driveway to a Town Road

## Town of Cleveland, Jackson County, Wisconsin

Pursuant to s. 86.07(2) Wis. Stats and other Codes/Stats as they may apply

Complete ALL sections, an incomplete application may be returned without processing. If an item does not apply please indicate "N/A."

**RETURN SIGNED APPLICATION AND PERMIT FEE TO TOWN CLERK A MINIMUM OF 10 DAYS PRIOR TO THE START OF WORK**

Driveway Installation:  New Driveway  Alteration of Existing Driveway

Applicant Name:		Phone:
Address:		
City:	State:	Zip:
Project Start Date:		Project Completion Date:

\*If the driveway is not completed by the Project Completion Date specified, this permit is null and void and the driveway shall not be constructed unless authorized through a subsequent permit\*

Name of Town Road:
Fire Number, Legal Description, or Parcel Number:
Which Side of Road: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West
Driveway Type: <input type="checkbox"/> Residential <input type="checkbox"/> Field Entrance <input type="checkbox"/> Commercial <input type="checkbox"/> Other:

Location of Driveway (distance and direction from nearest intersection):	
Driveway Width:	Type of Finished Surface: <input type="checkbox"/> Gravel <input type="checkbox"/> Blacktop <input type="checkbox"/> Concrete

**DESCRIPTION OF PROPOSED WORK:**

Be specific; Include maps, drawings, or sketches to clarify work. Attach additional pages if needed.

see attachment(s)

**ACCEPTANCE OF CONDITIONS**

I, the above-named applicant, certify that the statements contained in this application are true and correct and that I will comply with all the terms and conditions as they apply. I also understand that any changes in the work described in this application will require the filing for another permit before such changes are allowed. I further understand that maintenance of the driveway and any required drainage structures are the responsibility of the applicant, successors, or assigns.

Signature of Applicant:	Date:
-------------------------	-------

**OFFICE USE ONLY**

Culvert Required: Length:	Width: <input type="checkbox"/> N/A	Field Review By:
Permit No.:	Expiration Date:	Fees:
<input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	<i>Conditions of approval or denial reason, if applicable:</i>	

By: Town of Cleveland, Jackson County, Wisconsin		
Authorized Signature:	Title:	Date: