

DRIVEWAY PERMIT APPLICATION
TOWN OF GRANT
9011 County Road WW
Wisconsin Rapids, WI 54494

APPLICANT

Name _____ Phone Number _____

Mailing Address _____ City _____ State _____ Zip Code _____

Property Owner (if different from above) _____ Phone Number _____

Mailing Address _____ City _____ State _____ Zip Code _____

Roadway name where driveway is/is to be located on: _____

Location of Driveway:

(N,S,E,W) _____ side of road _____ miles/feet (N,S,E,W) _____ of (intersection) _____

Size of property serviced by driveway: _____ acres Parcel ID# _____

How many driveways currently service this parcel including driveways on other roads: _____

Anticipated completion date of construction/alteration: _____

Driveway Type: (See Ordinance for Application Definitions.)

- Residential
- Recreational
- Agricultural
- Commercial
- Industrial

Driveway Surface:

- Dirt
- Gravel/Granite
- Asphalt
- Concrete

Type of Construction:

- New Driveway
- Alter existing driveway
- Relocate existing driveway

Driveway Width: _____

Attach an accurate Site Sketch showing dimensions to your property lines, adjacent driveways including neighbors and nearest side roads.

The applicant and owner each understands and agrees that the permitted work shall comply at all times with The Town of Grant Driveway Ordinance, the submitted application and sketch, and any special provisions as stated below.

(Signature of Applicant) Date: _____

(Signature of Property Owner) Date: _____

TO BE FILLED OUT BY TOWN
(OFFICE USE ONLY)

Culvert Pipe Required: YES NO

Endwall Required: YES NO

Diameter: _____ Length: _____ Sight Distance: _____

Culvert installed by: _____ Inspected by: _____

PERMIT APPROVAL BY PERMITTING AUTHORITY

The foregoing application is hereby approved and permit issued by the Permitting Authority subject to full compliance by the Applicant with all provisions and conditions stated.

Other special provisions:

(Signature of Authorized Permitting Authority Representative) Title _____

Date _____

Permit No. _____

