

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. \_\_\_\_\_

JANUARY 1, 2014

