

TOWN OF WEYAUWEGA APPLICATION FOR DRIVEWAY/CULVERT

DATE FILED: \_\_\_\_\_

FEE PAID \_\_\_\_\_

DATE APPROVED \_\_\_\_\_

CHECK NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

APPLICANT OR AGENT \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OWNER IF DIFFERENT THAN APPLICANT \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

ADDRESS OF PROPERTY \_\_\_\_\_

TAX PARCEL NUMBER \_\_\_\_\_

ZONING DISTRICT \_\_\_\_\_

NUMBER OF EXISTING DRIVEWAYS \_\_\_\_\_

CULVERT LENGTH \_\_\_\_\_

CULVERT DIAMETER \_\_\_\_\_

PLEASE SHOW A DRAWING OF THE LOCATION OF THE CULVERT/DRIVEWAY AND THE DISTANCE FROM ADJOURNING PROPERTY LINES:

THIS REQUEST FOR A DRIVEWAY/CULVERT PERMIT UNDER THE TERMS OF THE TOWN OF WEYAUWEGA DRIVEWAY AND/CULVERT ORDINANCE.

I HEREBY CERTIFY THAT ALL OF THE ABOVE STATEMENTS AND ATTACHMENTS SUBMITTED ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT: \_\_\_\_\_