TOWN OF EXCELSIOR, SAUK COUNTY, WI
DRIVEWAY APPLICATION/PERMIT

Applicant's Name: _____ **Date:** _____

Applicant's Address: _____ **Phone:** _____

Property Owners Name: _____

Address of Proposed Driveway: _____

Section: _____ **Town:** _____ **Range:** _____ **Quarter:** _____

Name of Road: _____

Note: If County or State Highway, Agency permit must be Issued before Town can issue a permit.

Proposed land use of property: _____

Number of dwellings served by driveway: _____

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Site Map and Location Plan or Construction Plan:

Provide a Site Map and Location Plan or Construction Plan as required by the Driveway Ordinance. The Site Map shall include the driveway location including dimensions to adjacent parcels. The Location Plan shall include location, grade, width, length, culverts and erosion control. The Site Map and Location Plan may be drawn on the back of this application form or on a separate sheet. The Construction Plan, if required, shall be on separate sheets and include the information required in the Driveway Ordinance.

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Driveway Design Specifications:

- Sight Distance on Town Road (min. 400 feet on 45 mph road): _____

- Slope at intersection of public road: _____

- Culvert diameter (min. 15") and material: _____

- Base course depth (min. 6") and type of material: _____

- Surface material and thickness: _____

- Surface width (min. 12 feet single dwelling, 20 feet more than one): _____

- Maximum finished grade (max. 10%): _____

- If greater than 10%, emergency service approval signature: _____

- Shoulder side slope (max. 4:1): _____

- Ditch back slope (max. 3:1): _____

- Clear space (Min. 18 feet high and 24 feet wide): _____

- Turnaround (Except if speed limit is 25 mph): _____

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Applicant agrees to comply with the Town Driveway Ordinance. A copy of the Driveway Ordinance is available at the Town Office. The fee for the inspection shall be $100.00.

Applicant's signature: _____ **Date:** _____

Approval on this _____ day of _____, 20___

Town of Excelsior Driveway Official: Supervisor: _____

Paid: Check No. _____ Cash _____ Amount: $ _____