

DRIVEWAY PERMIT

Town of Scott
Lincoln County, WI

Date of Application:		Date Application Received:		Date of Final Approval:	
Name of Applicant:					
Mailing Address:					
Telephone Number:					
Tax Parcel No. of proposed driveway site:				Fire No. (if any):	
Address of proposed site if different than above:					
Anticipated construction start date:			Anticipated construction end date:		
Name of Person or Contractor performing construction:					
Telephone Number of Person or Contractor performing construction:					
TO BE COMPLETED BY AUTHORIZED TOWN OFFICIAL					
Date of Initial Inspection:				BY:	
Remarks:					
Date of Final Inspection:				BY:	
Remarks:					