## \$25.00 Fee

## TOWN OF UNION DRIVEWAY & PRIVATE ACCESS DRIVES PERMIT APPLICATION

The undersigned hereby makes application for a Driveway Permit for the work described and located as shown herein. The undersigned agrees that all work shall be done in accordance with the requirements of the Town of Union-Chapter 4, Code of Ordinances; Federal, State, and County of Door

Name:						
Telephone No.				Email:		
Mailing Address:						
City:				State:	Zip:	
LOCATION: The property involved	I in this application	n is located at:				
Fire #	Road			Town o	f Union	
or ¼ ¼	Section	Town26	_ North, Range	_23_ East P	arcel No	
<ul> <li>Culverts shall be</li> </ul>	rman shall approve e installed as part of the e a minimum of 12 inc	ne construction of t		the driveway.		
<ul> <li>Driveways shall either side and a</li> <li>The setback for adjacent proper</li> <li>No more than two long board determined</li> <li>Driveways shall adequate water</li> </ul>	an overhead clearance any driveway must be ty owner. vo (2) single family ho ots or parcels to a roa	e of fifteen (15) fee e a minimum of five uses or two (2) cor d or permanent acc way is necessary fo o as to impair drains port of emergency	t so fire and emerge (5) feet from the pr mmercial or industria cess easement via a or environmental or age, and culverts sh vehicles.	ency equipment ca operty side lot line al buildings shall b any shared drivew safety reasons, an all be large enoug	an enter unobstructe e unless the drivewa  be served by a share yay shall not be appr  nd must be equal to gh and properly place	ed driveway. Access for roved unless the Town Town Road standards. ced to accommodate
all abutting roa	cating lot size, the p ds, ordinary high-wa \$25.00. Make check	ater mark and lot	lines.	dings, distances	between building	s and the centerlines of
AUTHORIZATION FOR II I hereby authorize Town ( for all purposes of inspect	Officers or Town Empl		remain on my prem	ises for which this	s application is mad	e at any reasonable time
SIGNATURE OF APPLIC	ANT:		DATE	:		
	Mail this a	Bruce A	required attachments Town of Union Alberts, Town Chairr 660 Tru Way Road russels, WI 54204 Office Use Only	•	ddress:	

Town Permit Date

Special Conditions/Reason for denial:

Permit Number: Approved by:

Fee Paid

Date Received:

## SITE PLAN

Owner:	Date:				
Below or on a separate sheet attach a drawing showin  • Boundaries, dimensions, and area of the site	ng each of the following as applicable:				
Location of public roads and right-of-ways					
Location of private roads					
Location of easements					
<ul> <li>Location of navigable waters</li> </ul>					
<ul> <li>Location and dimensions of all existing structures</li> </ul>					
<ul> <li>Location of existing or proposed well and waste w</li> </ul>					
Location and dimension of all structures and additions					
Location of utilities					
Location of proposed and existing road access por	ints, parking and loading areas, and driveways				
<ul> <li>Indicate North arrow.</li> </ul>					