

TOWN OF UNION
DOOR COUNTY
WISCONSIN

APPLICATION FOR CONSTRUCTION OF ROAD OR DRIVEWAY

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____

CONSTRUCTION SITE LOCATION _____
PARCEL NUMBER _____

CONSTRUCTION TYPE: ☐ ROAD ☐ DRIVEWAY ☐ CULVERT

INSTALLER NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____

APPLICANT SIGNATURE: _____ DATE: _____

FEE: \$25.00 Make check payable to the Town of Union

RETURN TO: Bruce Alberts, 1660 Tru Way Road, Brussels, WI 54204

Office Use Only

DATE RECEIVED: _____ DATE PERMIT ISSUED: _____
DATE DENIED: _____ REASON: _____

SUPERVISOR SIGNATURE: _____