## TOWN OF MILTON

## **Driveway Permit Application**

The undersigned applies for a Driveway permit to do work herein described and located as shown on the plot plan. The undersigned agrees that all work will be done in accordance with the Buffalo County Zoning Ordinance and all other applicable ordinances of the Town of Milton, County of Buffalo and all laws of the State of Wisconsin, applicable to said premises and with the information herein:

PROPERTY OWNER		
Property Owner Name:	Phone #:	
Mailing Address:		
Email Address:		
SITE & PROJECT INFORMATION		
Site Address:		
Tax Parcel Number:	Name of Town Road:	
Est. Date of Construction:	Est. Completion Date:	
Material used:	Depth of Gravel Base:	
Length (in feet):	Width (in feet):	
<del></del>	<del></del> -	
DRIVEWAY TYPE		
☐ Residential ☐ Agricultural ☐ Recreational ☐ Commercial ☐ Shared Driveway		
☐ Reconstruction of Existing Driveway	☐ Change in Use of Existing Driveway	
PROPOSED DEVELOPMENT / LAND USE		
Proposed Project and/or use:		

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SITE PLAN		
Sketch below the location of the proposed driveway in relation to lot lines and nearby driveways on the road. You may also attach a drawing of the location that shows a site plan. Include additional sheets of paper if necessary.		
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APPLICANT SIGNATURE		
I certify by my signature that all information presented herein is true to the best of my knowledge. I understand that I am subject to all applicable codes, statutes and ordinances of Town of Milton, Buffalo County, and the State of Wisconsin. Providing incorrect information may cause a delay in permit processing or denial. I give permission for the Town to enter upon my property for the purpose of verifying that the standards and requirements of the Buffalo County Zoning Ordinance are met.		
Owner Signature: Date:		
TOWN OF MILEON LIGH ONLY		
TOWN OF MILTON USE ONLY		
Date Application Accepted: Accepted By:		
Approved: yes / no If denied, state reason:		
Town Chairperson Signature: Date:		