

TOWN OF JEFFERSON DRIVEWAY / ROAD ACCESS PERMIT APPLICATION

Property Owner

Name: _____ Telephone: _____
 Address: _____ Email _____
 City, State: _____ Zip Code: _____

Applicant's name (if different)

Name _____ Telephone: _____
 Address: _____ Email _____
 City, State: _____ Zip Code: _____

The driveway will provide access to; STH_____ CTH_____ Town road

NOTE: *If access is to a State or County Highway, a permit must first be obtained from the County and included with this application.*

Type of driveway being applied for

☐ Residential ☐ Commercial ☐ Field entrance ☐ Other _____

Project location

Road being accessed: _____ on: ☐ north ☐ south ☐ east ☐ west side of roadway
 Work being performed by: _____ Estimated Completion date: _____
 Parcel number where the road is being accessed: _____
 PIN# _____

The minimum specifications shall apply as defined in the Town of Jefferson *Driveway / Town Road Access Permit Ordinance 12-18*. A conceptual sketch map, along with a plat map must accompany this application.

The fee(s) as stated in the Town's current fee schedule is required to be submitted with this application.

Signatures:

Property Owner _____ Date _____
 Applicant (if different) _____ Date _____

To be completed by Town Personnel

Date application received _____ Clerk's Signature _____
 Amount of fees paid \$ _____ Clerk's receipt number _____
 Date Plan Commission Member contacted to set up initial site visit. _____
 Copies submitted to Plan Commission Members for review on _____