

**TOWN OF DECATUR
DRIVEWAY PERMIT**

Name of Applicant: _____ Phone _____

Address: _____

Reason for request: Construction of _____
Access to: _____

Town of Decatur, Section Number _____

Location: _____
(Name of Town Road)

_____ side of the road, _____ miles

_____ of _____

Road tube and/or ditching requirements: (Must be in place before any construction begins) (specify diameter of tube required and length minimum of 24 feet)

Driveway or access and road tube requirements approved:

Date: _____

Town Board Official

Applicant/Agent

Return application and \$25.00 fee to:

Town of Decatur
P. O. Box 333
Brodhead, WI 53520-0333