

City of MONDOVI

156 S. Franklin St., Mondovi, WI 54755

Tel. 715-926-3866

APPLICATION FOR PERMIT

To remove, alter, repair, replace, or install a driveway in the City of Mondovi

			Date:	
Applicant Information:				
Property Owner Name:			Phone #:	
Mailing Address:				
Contractor Name (if applied	cable):		Phone:	
Mailing Address:		, p		
Site Information:				
Property Site Address:				
Parcel Number:				
Connection Location (sele-	ct one)			
State Road:	County Road: _		City Road:	
Applicable Fees (check a	ll that apply):			
☐ Remove and Replace		□ Rep	□ Repair	
☐ Driveway = No Fee			\Box Driveway = No Fee	
☐ Driveway and I	Oriveway Approach through S	Sidewalk = \$30.00	·	
□ New Installation				
☐ Driveway = \$36	0.00			
Driveway Type:				
☐ Residential	☐ Commercial	□ Industrial	Chanad Duiyayyay	
L Residential	□ Commerciai	☐ Industrial	☐ Shared Driveway	
Driveway Size:				
Dimensions (in feet): Le	ength:	Width:	_	
Driveway material to be us	sed:			
Estimated date of driveway construction:		Estimat	Estimated completion date:	



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Sketch below the location of the proposed	driveway in relation to lot lines and nearby	y driveways on the road.
bject to all applicable codes, statutes, and correct information may cause a delay in	on presented herein is true to the best of my dordinances of the City of Mondovi and the permit processing or denial. I give permis purpose of verifying that the standards an	ne State of Wisconsin. Providing sion for the staff of the City of
wner/Agent Signature:	Da	te:
otice: An after-the-fact fee of three times used. Permit application fees are non-refu	the applicable permit fee shall be charged undable.	if work is started before a permit is
ermit Approval Information		
or Office Use Only)		
nnroved by:	Date	Parmit #•