

W3880 St. Charles
Chilton, Wi. 53014
Phone 920-849-9008
Fax 920-849-9008

Permit Application No. _____

Application for access permit within Town Road right of way

Date _____ Contractor _____

Applicant _____ Address _____
(owner)

Address _____ City _____ zip code _____

City _____ zip code _____ Telephone _____

Telephone _____ E-mail address _____

Location of work

On Route At Route Toward Route

At offset Side of Road Address

Type of Permit Requested

Type of Permit _____

Provide specific explanation _____

Provide contingent provisions _____

Note: Allow a minimum of three working days from application date for permit approval and facility locating. Permit terminates six months from application date.

Note: All work must comply with State statutes and all Town ordinances. Any rectification will be contracted by Town at the property owners expense.

Note: When doing the finish grade or applying asphalt to driveways the applicant agrees to preclude water from roadway an absolute minimum of four feet from roadway edge at 3 % grade.

Applicant signature _____ Date _____

Highway Supervisor _____ Date _____

approval