

TOWN OF GARFIELD
JACKSON COUNTY, WI

PERMIT APPLICATION TO CONSTRUCT A DRIVEWAY TO A TOWN ROAD

Complete all applicable sections. An incomplete application will be returned.

RETURN TO:

Michel Berner, Clerk
Town of Garfield
N12915 W Hillcrest Rd
Osseo, WI 54758

Driveway Installation by: _____ **County** _____ **Applicant** _____ **Existing Entrance** _____

Applicant Name: _____

Address: _____

Telephone: *(no dashes)* _____ **(Home)** _____ **(Mobile)** _____ **(Work)** _____

Name of Road off which Driveway is to be constructed: _____

Which side of Road: North South East West

Driveway Type: Commercial Non-Commercial Urban Rural

Location of Driveway: *(distance, direction, and name of nearest intersection)*

_____ *Feet,* North South East West *of Hwy./Road* _____

Quarter: _____ **Section:** _____ **Township:** _____ **N; Range:** _____

Project Completion Date*: _____

*** Note:** If the driveway is not completed by the "Project Completion Date" specified, this permit is null and void and the driveway shall not be constructed unless authorized through a subsequent permit.

Description of Proposed Work; *(Be specific, attach drawings, sketches, etc. necessary to clarify work.)*

Type of Finished Surface: Gravel Blacktop Concrete

ACCEPTANCE OF CONDITIONS

I, the above-named applicant, certify, that the statements contained in this application are true and correct, and that I have read and understand the conditions stated in the permit, and that I will comply with all the terms and conditions as they apply, and I also understand that any changes in the work described in this application will require the filing for another permit before such changes are allowed. I further understand that maintenance of the driveway and any required drainage structures which are DOT approved are the responsibility of the applicant, successors, or assigns; and the use of rock, bituminous, concrete, timber, or other embankment retention or driveway marking treatments are prohibited, Issuance of this permit shall not be construed as a waiver of the applicant's obligation to comply with more restrictive requirements imposed by local ordinances.

I understand that typing my name below serves as an electronic signature for purposes of this form.

The box above is required to be marked prior to saving and sending this file.

Signature of Applicant: _____ **Date:** _____

RETURN SIGNED PERMIT TO ADDRESS LISTED AT THE TOP OF THE PAGE