

TOWN OF WINCHESTER, VILAS COUNTY

DRIVEWAY PERMIT APPLICATION

Applicant Information

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER(S): _____

EMAIL ADDRESSES: _____

Location Information

ADDRESS/PARCEL ID: _____

DRIVEWAY WILL PROVIDE ACCESS TO: _____

CURRENT ZONING OF PROPERTY: _____

Description of Proposed Work

SURFACE MATERIAL: _____ DRIVEWAY WIDTH AT PROPERTY LINE: _____

DOES A DRAINAGE STRUCTURE CURRENTLY EXIST? []Y []N

IF YES, CULVERT DIAMETER: _____ LENGTH: _____ MATERIAL: _____

PLEASE PROVIDE A SKETCH OF PROPOSED DRIVEWAY SHOWING PROPERTY LINES, GRADE, SLOPE, WIDTH, LENGTH, TURNOFFS, AND EROSION CONTROL PROCEDURES TO BE UTILIZED. PROPOSED DRIVEWAY SHOULD BE STAKED OUT PRIOR TO INSPECTION.

CONTRACTOR PERFORMING WORK: _____

CONTRACTOR PHONE: _____

SUBMIT THIS APPLICATION TO THE WINCHESTER TOWN CLERK WITH A NON-REFUNDABLE \$100 FEE

TO BE COMPLETED BY TOWN OFFICIAL:

CULVERT REQUIRED []Y []N IF YES, MINIMUM DIAMETER: _____

THE ABOVE DRIVEWAY HAS BEEN []APPROVED [] DENIED

[] CONDITIONALLY APPROVED: _____

ON THIS DAY _____, 20____ BY TOWN OFFICIAL _____

TITLE: _____

WORK COMPLETED AS REQUIRED []Y []N IF NO, REINSPECTION DATE: _____

THE TOWN OF WINCHESTER RESERVES THE RIGHT TO FINAL INSPECTION AFTER COMPLETION