

**DRIVEWAY PERMIT
TOWN OF MINONG
REQUIRED FEE \$ 20.00**

NAME OF PERSON REQUESTING PERMIT _____

ADDRESS: _____

PHONE NUMBER: _____

LOCATION
SECTION _____ TOWNSHIP _____ RANGE _____

NAME OF ROAD: _____

TYPE OF DRIVEWAY: _____

SIZE OF DRAINAGE STRUCTURE REQUIRED: _____

DESCRIPTION OF REQUIRED WORK, SPECIAL RESTRICTION, OTHER DETAILS OR SKETCHES:

PLEASE CLEARLY MARK DRIVEWAY WITH FLAGS OR POSTS BEFORE SENDING IN THIS PERMIT SO INSPECTION CAN BE COMPLETED

ISSUANCE OF THIS PERMIT SHALL NOT BE CONSTRUED AS A WAIVER OF THE APPLICANT'S OBLIGATION TO COMPLY WITH ANY MORE RESTRICTION REQUIREMENTS IMPOSED BY THE MINONG TOWN BOARD OR WASHBURN COUNTY ZONING.

THE APPLICANT ACKNOWLEDGES THAT HE HAS READ THE TOWN OF MINONG DRIVEWAY ORDINANCE ATTACHED TO THIS APPLICATION AND HE AGREES TO COMPLY WITH ALL RESTRICTIONS AND CONDITIONS OF SAID ORDINANCE. THE MINONG TOWN BOARD RESERVES THE RIGHT TO REMOVE THE ACCESS DRIVEWAY AT THE OWNER'S EXPENSE IN CASE OF FAILURE TO COMPLY.

SIGNATURE OF APPLICANT

DATE

DATE OF APPROVAL

APPROVED BY

PERMIT #

DATE \$20.00 REQUIRED FEE PAID

CLERKS SIGNATURE