

Town of Arlington
Application for Driveway Permit

PERMIT # _____

Request for Permit at:

Address	Location	
Opening to be _____ feet	LOCATION	TYPE OF ROAD
East/West/North/South of Property Line	<input type="checkbox"/> County Road	<input type="checkbox"/> Concrete <input type="checkbox"/> Dirt
at R/W Line	<input type="checkbox"/> Town Road	<input type="checkbox"/> Black Top <input type="checkbox"/> Sod
	<input type="checkbox"/> Private Road	<input type="checkbox"/> Blk Tp & Conc <input type="checkbox"/> Other
		<input type="checkbox"/> Gravel

County Roads requires an "Access Permit" be obtained from the Columbia County Highway Department at (608) 429-2156.

Include a detailed site plan showing where the driveway/access will be located and the distances to the nearest driveways and cross streets.

_____ **Date to be Completed**

Purpose of Driveway _____

Owner/Applicant: _____ **phone** _____

Mailing address: _____ **City** _____

State: _____ **Zip:** _____ **Date:** _____

PERMIT ISSUED FOR Driveway and or Access

The above request for permit has been granted on the following conditions:

- 1) The permit fees have been received.
Date received _____ By: _____
- 2) This permit is granted for a period not to exceed 12 months
- 3) The applicant shall notify the Streets Department 48 hours prior to starting the work .
- 4) Other special provisions: _____

Approved by: _____ **Date:** _____

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