

Town of Dekorra **PERMIT # _____**
Application for Driveway & Access Permit

Request for Permit at:

| | | |
|---|--|---|
| Address | Location | |
| Opening to be _____ feet _____ of _____ R/W Line | LOCATION <input type="checkbox"/> County Road <input type="checkbox"/> Town Road <input type="checkbox"/> Private Road | TYPE OF ROAD <input type="checkbox"/> Concrete <input type="checkbox"/> Dirt <input type="checkbox"/> Black Top <input type="checkbox"/> Sod <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:** _____

PERMIT # _____