

**Town of Leeds**  
**Application for Driveway Permit**

**PERMIT # \_\_\_\_\_**

Request for Permit at:

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Address	Location	
Opening to be _____ feet East/West/North/South of Property Line at R/W Line	<b>LOCATION</b> <input type="checkbox"/> County Road <input type="checkbox"/> Town Road <input type="checkbox"/> Private Road	<b>TYPE OF ROAD</b> <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 # \_\_\_\_\_**