

DRIVEWAY ACCESS PERMIT REQUEST

Date: _____

Name: _____
(Husband & Wife, Corporation or Business Name, or Governmental Body)

Current Mailing Address _____ City _____ State _____ Zip _____

Telephone – Where can you be contacted between 7:00 am and 4:00 pm:

Home: _____ OR Work: _____

E-mail: _____

PLEASE PLACE TWO STAKES, ONE AT EITHER END OF THE PROPOSED CULVERT
Check should be made payable to the Rock County Treasurer.

- | | |
|--|---|
| <input type="checkbox"/> Intersecting Public Road - \$500.00 | <input type="checkbox"/> Shared Access. \$150.00 per property Owner |
| <input type="checkbox"/> Private Entrance - \$150.00 | <input type="checkbox"/> Park Access or access to Public Lands –
No Fee Required for other governmental
bodies. |
| <input type="checkbox"/> Commercial Entrance - \$1,000.00 | |
| <input type="checkbox"/> Field Entrance - \$100.00 | |

Location of Proposed Driveway

Subdivision: _____ Lot Number _____

Road Name _____ Side of Road _____

Distance _____ Feet or Miles - _____ of _____
Direction Nearest Cross Street

Town _____ Section _____

Driveway Construction: Gravel Asphalt Concrete (See 11, Page 5)
(Circle Surface Type)

General Location, attach site plan showing location: _____

For Department Use:

Culvert Required: Size _____ Length _____ Feet

Reviewed By: _____ Date: _____
Planning and Development Department

Comments: _____

Inspected By: _____ Date: _____
Public Works Department