

Town of St. Croix Falls

Polk County, Wisconsin

Driveway Permit Application

\$75.00 Application Fee

Name _____
Current Address _____ Phone: _____
_____ E-Mail: _____
City, ST _____

Driveway Location: Road _____ Segment No: _____

Fire number, if issued: _____

Driveway Type: ___ Residential, ___ Commercial, ___ Agricultural

Proposed land use: ___ Residential, ___ Commercial, ___ Agricultural

Location from nearest driveway: _____, direction _____

Sight distance: Left _____ Right _____

Tax Parcel No. 044-_____-_____

Legal Description: ___ 1/4, ___ 1/4, Section _____, T/R

Culvert: ___ Yes, ___ No; Diameter ___ inches; Length ___ feet
(Endwalls are required)

Placement:

Other instructions/requirements:

Any driveway shall be constructed in accordance with all requirements contained herein and in compliance with the Town's Driveway Ordinance.

Signature of Applicant, Date

Permit Approved by, Date