

**TOWN OF ATHELSTANE**  
**P.O. Box 11**  
**ATHELSTANE, WI 54104**

**Application for Driveway Permit and Installation**

The undersigned and designated applicant request permission to construct the driveway (s) hereinafter described on town right of way and in consideration of be granted permission, as evidenced by the approval of the authorized representative of the Town of Athelstane.

You shall obtain all required approval from other state and federal jurisdictions, but not limited to projects that will impact wetland, lakes or streams. This includes permits from the, County Zoning, Department of Natural Resources, and Army Corp of Engineers.

**Permit cost: \$25.00**

Applicant Name \_\_\_\_\_ (type or print)  
Address \_\_\_\_\_ (home)  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Description**

Town road name \_\_\_\_\_

Along the \_\_\_\_\_ side of roadway  
(Direction N. E S. W.)

Nearest intersection \_\_\_\_\_ and \_\_\_\_\_

Number of feet from driveway \_\_\_\_\_ (APPROX)      Direction \_\_\_\_\_ (N.E.S.W.)

Type of proposed building site: \_\_\_\_\_ (House, RV, Garage, ECT.)

Do you have a Fire Number? Yes \_\_\_\_ No \_\_\_\_ (X one)      Fire # \_\_\_\_\_

**ALL driveways and gates must have a minimum clearance of: 20 feet wide and 15 feet high.**

Description of the proposed work on right of way, culvert requirement, if any, (size and length) and special restrictions, intersection clearance, and other details of the proposed installation, including reference to attached sketches, if any:

**Inspection Required by Town Chair person or designee.**

Culvert required\_\_\_\_\_ Culvert not required\_\_\_\_\_ (X) one) Must be Steel or Plastic corrugated and extensions must have appropriate size rings.

A \_\_\_\_\_ inch in diameter, by \_\_\_\_\_ Feet in length, Culvert shall be installed to provide proper drainage along roadway. (Culvert cost to permit applicant)

Any other specific required:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Inspection:** Phone No. 715-856-5163

OK'd by: \_\_\_\_\_ Title: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/ 20\_\_\_\_

**This permit is not granted until ALL inspection of the proposed site are completed and signed above.**

**APPLICANTS CERTIFICATION:**

The undersigned hereby applies for a permit to do work according to the above description and plot plans submitted herewith. The undersigned agrees that such work will be done as described and that it will comply with all applicable Statutes of Wisconsin, the Shore land /Wetland, Flood plain and Sanitary Codes of Marinette County and the Building Codes of the Town of Athelstane. The undersigned acknowledges that he/she has fully read and understands the entire Driveway Permit Application.

Applicant Sign: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/ 20\_\_\_\_

Driveway Permit Fee: \$25.00  
Fire Number Fee \$50.00 N/A\_\_\_\_\_  
Total: \_\_\_\_\_

Permit Fee Paid By: Cash\_\_\_\_\_ Check\_\_\_\_\_ (x one)

**Date \_\_\_\_/\_\_\_\_/ 20\_\_\_\_ By \_\_\_\_\_ Town Clerk**