APPLICATION TO CONSTRUCT DRIVEWAY/ACCESS ALONG TOWN OF IXONIA HIGHWAYS

Return Mailing Address

Applicant Name:	Telephone:
Address:	City, State, Zip Code:
	Applied For Driveway Location Address
Highway:	If same as above location check here:
Fire or Parcel Number of the p	property for the proposed driveway location:
	Type of Driveway Being Applied For
Sing Multi	dential Commercial Field Entrance Roadway/Street Access (Agriculture Use Only) Family (<20 Units) >100 ADT Family (>20 Units)
	<u>Driveway Location</u>
Located on (check one):	North South East West - Side of Highway
Distance from driveway to neares	st road:,from
Work Being Performed By:	Completion Date:
	<u>Terms and Conditions</u>
 If the Driveway described not be constructed unless of 	is no completed by the "Completion Date" specified, the permit will be null and void and the driveway shall authorized through subsequent permit.
 Applicant must notify inspection. Failure to 	the Town of Ixonia Highway Department upon the completion of the project for final do so may result in permit revocation.
	structed in accordance with all terms listed in the Town of Ixonia Highway Department "Driveway ", printed on the reverse side, and hereby incorporated into this permit application be reference, and any The maintenance of the driveway shall be the responsibility of the applicant.
 Applicant agrees to all terr when issued. 	ms and conditions presented by the Town of Ixonia as part of this permit application and subsequent permit
Applicants Signature:	Date:
Permit Fee:	Paid by: Cash Check No.

Pink Copy - Treasurer

Gold Copy - Building Inspector

Yellow Copy - Highway Superintendent

White Copy - Owner