

APPLICATION TO CONSTRUCT DRIVEWAY/ACCESS
ALONG TOWN OF IXONIA HIGHWAYS

Return Mailing Address

Permit # _____

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 property for the proposed driveway location: _____

Type of Driveway Being Applied For

Check (as appropriate) Residential Commercial Field Entrance Roadway/Street Access
(Agriculture Use Only)

Driveway Location

Located on (check one): North South East West - Side of Highway

Distance from driveway to nearest road: _____, _____ from _____
Feet/Miles Direction Name of Intersecting Road

Work Being Performed By: _____ Completion Date: _____

Terms and Conditions

- *If the Driveway described is no completed by the "Completion Date" specified, the permit will be null and void and the driveway shall not be constructed unless authorized through subsequent permit.*
- **Applicant must notify the Town of Ixonia Highway Department upon the completion of the project for final inspection. Failure to do so may result in permit revocation.**
- *The driveway shall be constructed in accordance with all terms listed in the Town of Ixonia Highway Department "Driveway Installation Requirements", printed on the reverse side, and hereby incorporated into this permit application be reference, and any special conditions stated. The maintenance of the driveway shall be the responsibility of the applicant.*
- *Applicant agrees to all terms and conditions presented by the Town of Ixonia as part of this permit application and subsequent permit, when issued.*

Applicants Signature: _____ **Date:** _____

Permit Fee: _____ Paid by: Cash Check No. _____

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Special Instructions from Public Works Superintendent:

Approved by: _____ **Date:** _____