

# TOWN OF DANE DRIVEWAY PERMIT

Date \_\_\_\_\_

Fee \_\_\_\_\_ Ck # \_\_\_\_\_

**Name and Address of Applicant:**

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

**Driveway Location:**

Road Name \_\_\_\_\_

\_\_\_\_\_  
(N/S/E/W) side

\_\_\_\_\_  
Feet (N/S/E/W) of

Phone \_\_\_\_\_

Section: \_\_\_\_\_

**CONDITIONS:**

For access from private property to a Town road the permitted driveway must meet all requirements Per Town Ordinance # 1002.

Signed certification that the applicant agrees to read and abide by the Town Ordinance.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Permit Granted By \_\_\_\_\_ Date \_\_\_\_\_