

**DRIVEWAY PERMIT**  
**TOWN OF CHICOG**  
**REQUIRED FEE \$60.00**

NAME OF PERSON REQUESTING PERMIT \_\_\_\_\_

SITE ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

LOCATION OR FIRE # \_\_\_\_\_

NAME OF ROAD \_\_\_\_\_

TYPE OF DRIVEWAY \_\_\_\_\_

SIZE OF DRAINAGE STRUCTURE REQUIRED \_\_\_\_\_

CURRENT MAILING ADDRESS \_\_\_\_\_

DESCRIPTION OF WORK, SPECIAL RESTRICTIONS, OTHER DETAILS OR SKETCHES

PLEASE CLEARLY MARK DRIVEWAY WITH FLAGS OR POSTS PRIOR TO SENDING IN THIS PERMIT APPLICATION SO INSPECTION CAN BE COMPLETED.

ISSUANCE OF THIS PERMIT SHALL NOT BE CONSTRUED AS A WAIVER OF THE APPLICANTS OBLIGATION TO COMPLY WITH ANY MORE RESTRICTION REQUIREMENTS IMPOSED BY THE CHICOG TOWN BOARD OR WASHBURN COUNTY ZONING.

THE APPLICANT ACKNOWLEDGES THAT THEY HAVE READ THE TOWN OF CHICOG DRIVEWAY ORDINANCE ATTACHED TO THE APPLICATION AND THEY AGREE TO COMPLY WITH ALL RESTRICTIONS AND CONDITIONS OF SAID ORDINANCE. THE TOWN OF CHICOG BOARD RESERVES THE RIGHT TO REMOVE THE ACCESS DRIVEWAY AT THE OWNERS EXPENSE IN CASE OF FAILURE TO COMPLY.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE OF APPROVAL

\_\_\_\_\_  
APPROVED BY

\_\_\_\_\_  
CLERKS SIGNATURE