

**TOWN OF STANTON  
DRIVEWAY PERMIT APPLICATION**

Permit Number: \_\_\_\_\_

Applicant's Name: _____		
Address: _____		Phone: _____
Email: _____		Cell: _____
Property Owner (if different) Name: _____		
Address: _____		Phone: _____
Email: _____		Cell: _____
Contractor/Construction Firm Name: _____		
Address: _____		Phone: _____
Email: _____		Cell: _____
Type of Driveway (Check one) <input type="checkbox"/> Residential/Open Space/Agriculture <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Field	Check one: <input type="checkbox"/> Proposed or <input type="checkbox"/> Existing Land Use	Check one: <input type="checkbox"/> New Driveway <input type="checkbox"/> Existing Driveway Modification

**Location of Proposed Driveway:**

Site Address Number: \_\_\_\_\_ Town Road Name: \_\_\_\_\_

Site Location Relative to Road: (Check one)  East  West  North  South

Subdivision Name (if applicable): \_\_\_\_\_ Lot Number: \_\_\_\_\_

Legal Description: \_\_\_\_\_ 1/4, \_\_\_\_\_ 1/4, of Section \_\_\_\_\_, Town 31 N, Range 17 W

**Site Markings:** The applicant *shall* mark the proposed driveway location, including the proposed centerline of the driveway surface, with flags and/or stakes.

**All driveways shall be constructed in accordance with the Town of Stanton Driveway Ordinance, adopted October 23, 2008. Copies available from Town Clerk or online at: <http://www.co.saint-croix.wi.us/Town%20Plan/Stanton/stanton.htm> .**

**Proposed Construction Dates:** \_\_\_\_\_

**Attachments:** Required site plan or sketch, which *shall* include the following information:

1. North arrow
2. Parcel or lot dimensions.
3. Existing and/or proposed buildings.
4. Proposed driveway location.
5. Locations of existing driveways on neighboring properties within 300 feet of the proposed driveway.
6. Road name(s) and locations to lot or parcel and driveway and intersection clearances.
7. Driveway specifications including width, length and materials to be used. Culvert size, length and location, if needed.

**Permit shall expire within one year of issuance. All approved construction must be completed before the permit expires. A final inspection may be required after construction.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

<b>Town of Stanton Use Only:</b> Permit Number: _____		Date Submitted: _____
Fees Paid: _____	Cash: _____	Check Number: _____
Permit Expiration Date: _____		Initial Site Visit: _____
Date: _____		Town Chair or Town Board Representative
Town Approval: _____		Date: _____
Town Chair or Town Board Representative		Final Inspection: _____
Date: _____		Town Chair or Town Board Representative