



Town of Sheboygan
 4020 Technology Parkway
 Sheboygan, WI 53083
 Phone (920) 451-2320
 Fax (920) 451-2323

Cost: \$300

APPLICATION FOR DRIVEWAY/CULVERT PERMIT

DATE _____ PERMIT # _____

LOCATION OF DRIVEWAY _____

WIDTH OF DRIVEWAY _____ (MAX. LENGTH OF CULVERT ALLOWED IS 36')

NEW _____ EXISTING _____ NUMBER OF CULVERTS _____

OWNER _____ PHONE # _____

ADDRESS _____ EMAIL _____

APPLICANT NAME (If different than owner.) _____

DESCRIBE WORK TO BE DONE _____

_____ COST _____

Please mark new driveways with stakes indicating where the new driveway is located.

CONTRACTOR _____ ADDRESS _____ PHONE _____

REMARKS _____

The undersigned hereby applies for a permit to do the work above described, and hereby agrees that such work will be done in accordance with the descriptions herein set forth in this statement. The privilege as granted above is granted only on the condition that by the acceptance of the privilege the said undersigned, shall become primarily responsible and liable for any and all damage to persons or property caused by and arising from the grant and exercise of such privilege. Upon completion of culvert installation, please notify the Town to have the culvert inspected by the engineer. Failure to obtain final approval will result in the owner taking full responsibility for any installation problems with the culvert.

Per Town Ordinance 18.03(g) Regulation of Town Culverts: After the culvert installation is complete, the driveway shall be at least four (4) inches below the grade of the adjacent highway pavement at a point six (6) feet from the edge of the pavement. Edge of driveway must be a minimum of 5-feet (green space) from lot line. This permit expires six (6) months from date of issuance.

SIGNATURE _____

Office use only

Culvert length _____

Culvert diameter _____ Culver invert Grade _____ Culver invert Grade _____

Stake _____ Stake _____

Approved _____

Date _____