# APPLICATION FOR DRIVEWAY PERMIT

**City of Galesville**
**16773 S Main Street**
**PO Box 327**
**Galesville, WI 54630**

Permit Fee $5.00
Permit # _____
Parcel # _____
Subdivision _____
Lot(s) _____ Block(s) _____

Date of Application _____

Applicant
Name _____
Address _____
Telephone _____

Property Owner (if different from applicant)
Name _____
Address _____
Telephone _____

Contractor
Name _____
Address _____
Telephone _____
_____

Site Address _____

New Construction _____ Reconstruction _____ Alterations _____ Enlargement _____

Materials Proposed to Be Used: _____

Dimensions: _____

Topography-Changes in Grade or Elevation: _____

Attach drawing accurately depicting the portion of the proposed private driveway to be constructed, reconstructed, altered or enlarged lying within the dedicated portion of the public street. (see reverse side)

I agree to comply with the provisions and design/placement criteria as stated in City of Galesville Ordinance Sec. 6-3-1 thru 6-3-2. (attached)

_____
Signature of Applicant

This is to certify that I have examined the above driveway permit application, plans relating thereto and project site and find them to be in accordance with the applicable ordinances relating to driveways in the City of Galesville.

Date of Site Inspection _____ Fee Paid _____
Date Approved _____ Date Paid _____

_____
Joe Nordie, Building Inspector
608-790-3975