



Town of Sheboygan

1512 N. 40th St
Sheboygan, WI 53081
Phone (920) 451-2320
Fax (920) 451-2323

APPLICATION FOR DRIVEWAY/CULVERT PERMIT

DATE _____ PERMIT NO. _____

FEE \$300.00 _____ DEPOSIT \$100.00 (Payable when final inspection is complete.)

LOCATION OF DRIVEWAY _____

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

NEW _____ EXISTING _____ NUMBER OF CULVERTS _____

OWNER _____

ADDRESS _____

APPLICANT NAME (If different than owner.) _____

DESCRIBE WORK TO BE DONE _____

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. Deposit will be refunded upon notification of completion and satisfactory review by AECOM.**

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.

SIGNATURE _____

New Home _____ Master site grading plan review _____ Elevation Check _____
(date) (ok)

This permit expires six (6) months from date of issuance.