Driveway / Culvert Application

3762 Lakeland Road,
Saukville WI 53080
Office: (262) 675-9217 Inspector: (262) 423-7730
www.townsaukville.org

APPLICATION DATE _____, 20_____

PROJECT ADDRESS _____ **Unit/Lot #:** _____

☐ **1&2 Family** ☐ **Multi-Family** ☐ **Commercial** ☐ **Industrial** ☐ **Manufacturing**

PROPERTY OWNER INFORMATION

Name(s) _____

Phone (_____) _____-_____Cell/Home Email _____

Mailing Address _____

City _____ State _____ Zip _____

APPLICANT/CONTRACTOR INFORMATION *(If property owner put "SELF")*

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Primary Contact _____ Office Phone (_____) _____-_____

Phone (_____) _____-_____Cell/Home Email _____

CULVERT DETAILS

Number of Driveways _____ Width of Driveway(s) *(feet)* _____/_____

Diameter of Culvert(s)*(inches)*_____/_____ Length of Culvert(s) *(feet)* _____/_____

End Walls: yes ☐ no ☐ Rip Rap: yes ☐ no ☐

For a new driveway, applicants shall provide the following:

1) A legal description or CSM of the property.
2) Stakes with flagging in the ditch line at the proposed driveway(s).

If constructing with concrete when completed, the driveway shall slope away from the roadway at no less than 2% (1/4" per linear foot) until a point of six (6) feet from the existing edge of the pavement. Concrete will not be replaced by the town of Saukville if it needs to be removed.

Note: Re-inspection or work not ready at the time of inspection $100.00. Failure to call for required inspection(s) $100 2nd Doubled 3rd Tripled.

Notice: *By signing below, applicant hereby agrees that all work performed under this permit will be in accordance with all applicable state and local laws. The applicant further agrees that all lawful orders of the Building Inspector will be fully complied with. This permit shall become VOID if work does not commence within (6) six months of the date of issuance.*

APPLICANT *(Please Print)* _____**DATE**_____

APPLICANT SIGNATURE_____

OFFICE USE ONLY
Permit #
Permit Fee $60.00
Check/Rcpt #
Payment Type: CHECK / CASH
Received By:
Date:
Tax Key:

Rev: 05/25