



**DRIVEWAY ACCESS  
APPLICATION**  
(Please fill in shaded areas only)

OWNER		DATE OF APPLICATION
MAILING ADDRESS		
PHONE	E-MAIL	
TYPE OF INSTALLATION		
<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
<b>PLEASE SEE BACK FOR CONDITIONS OF PERMIT</b>		

<b>PERMIT NUMBER:</b> _____  <b>Fee:</b> _____  <b>Receipt #</b> _____  <b>Staff Initials:</b> _____ <small>(This area to be completed by Town personnel)</small>
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LEGAL DESCRIPTION OF PROPERTY WHERE CULVERT/ACCESS IS TO BE LOCATED	
ADDRESS _____	
PARCEL NUMBER _____	
LOT NUMBER _____	
SUBDIVISION/CSM # _____	
CULVERT? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, DESIRED CULVERT LENGTH: _____	
IS THE CULVERT LOCATION STAKED OR MARKED? YES <input type="checkbox"/> NO <input type="checkbox"/> <b>(PLEASE PROVIDE MAP SHOWING LOCATION)</b>	
I understand and agree that the submission of this application to the Town of Grand Chute shall not in any way be construed as implying consent and/or permission for any work to be performed in street right-of-way and, if the permit is approved, it shall be issued in the name of the CURRENT PROPERTY OWNER ONLY.	
I will comply with the terms and conditions of any permit that may be issued by the Town of Grand Chute.	
<b>PROPERTY OWNER OR CONTRACTOR MUST CALL 24 HOURS IN ADVANCE FOR INSPECTION BEFORE POURING. PLEASE CALL 920-832-1581.</b>	
OWNERS AUTHORIZED REPRESENTATIVE SIGNATURE	
PRINT/TYPE FULL NAME	DATE

**TOWN STAFF REVIEW/COMMENTS**

CULVERT INSTALLATION INFORMATION

CULVERT GRADES MAY BE SET BY CONTRACTOR TO PROVIDE POSITIVE DRAINAGE.		YES <input type="checkbox"/>	NO <input type="checkbox"/> (SEE BELOW)
BENCHMARK ELEVATION	BENCHMARK DESCRIPTION:		
N/W CULVERT INVERT ELEVATION	S/E CULVERT INVERT ELEVATION		
_____			
THE INVERT IS THE BOTTOM INSIDE OF THE PIPE.			
<b>GRADE STAKES:</b>			
N/W STAKE EL. = _____		S/E STAKE EL. = _____	
CUT _____ FEET TO N/W INVERT		CUT _____ FEET TO S/E INVERT	
<b>NOTE: FLARED END SECTIONS ARE REQUIRED FOR PERMANENT INSTALLATIONS.</b>			
ACCESS LOCATION:			
DRIVEWAY ACCESS WIDTH (FEET)		CULVERT DIAMETER (INCHES)	

ROADWAY AGREEMENT REQUIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
ROADWAY AGREEMENT EXECUTED? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>			
ACCESS CONTROLLED BY:		OUTAGAMIE COUNTY APPROVAL <input type="checkbox"/>	N/A <input type="checkbox"/>
		STATE OF WISCONSIN APPROVAL <input type="checkbox"/>	N/A <input type="checkbox"/>
SITE PLAN OR SPECIAL EXCEPTION CONFORMANCE/CONDITIONS.			
TEMPORARY PERMIT SHALL EXPIRE ON _____		PERMANENT ACCESS <input type="checkbox"/>	
This permit is issued subject to the terms and conditions of the Town of Grand Chute including, but not limited to, Section 16.01 of the Town Code.			
Please contact the Department of Public Works when the installation is complete.			
<b>ISSUED:</b> SIGNATURE OF AUTHORIZED PERMITTING AUTHORITY REPRESENTATIVE <u>PRIOR TO</u> INSTALLATION			DATE:
<b>APPROVED:</b> SIGNATURE OF AUTHORIZED PERMITTING AUTHORITY REPRESENTATIVE <u>AFTER</u> INSTALLATION			DATE: