



DRIVEWAY/CULVERT APPLICATION

OWNER	DATE OF APPLICATION
MAILING ADDRESS	
PHONE	E-MAIL
TYPE OF INSTALLATION <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
PLEASE SEE PAGE 2 FOR CULVERT ELEVATIONS AND BENCHMARKS	

PERMIT No.

Fee: _____

Rec. # _____

Staff Initials: _____
Shaded areas to be completed by Town personnel

<small>LEGAL DESCRIPTION OF PROPERTY WHERE CULVERT/ACCESS IS TO BE LOCATED</small>	
ADDRESS _____ PARCEL/LOT # _____ SUBDIVISION/CSM # _____	
IS THE CULVERT LOCATION STAKED OR MARKED? YES <input type="checkbox"/> NO <input type="checkbox"/> (PLEASE PROVIDE MAP SHOWING LOCATION)	
DESIRED CULVERT LENGTH.	
<p>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.</p> <p>I will comply with the terms and conditions of any permit that may be issued by the Town of Grand Chute.</p> <p style="text-align: center;">PROPERTY OWNER OR CONTRACTOR MUST CALL 24 HOURS IN ADVANCE FOR INSPECTION BEFORE POURING. PLEASE CALL 920-832-1581</p>	
<small>OWNERS AUTHORIZED REPRESENTATIVE SIGNATURE</small>	
<small>PRINT/TYPE FULL NAME</small>	<small>DATE</small>

TOWN STAFF REVIEW/COMMENTS

ROADWAY AGREEMENT REQUIRED? YES NO

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.

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.			
GRADE STAKES:			
N/W STAKE EL. = _____	S/E STAKE EL. = _____		
CUT _____ FEET TO N/W INVERT	CUT _____ FEET TO S/E INVERT		
NOTE: FLARED END SECTIONS ARE REQUIRE FOR PERMANENT INSTALLATIONS.			
ACCESS LOCATION:			
CULVERT LENGTH/ACCESS WIDTH (FEET)		CULVERT DIAMETER (INCHES)	

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.	
ISSUED: SIGNATURE OF AUTHORIZED PERMITTING AUTHORITY REPRESENTATIVE <u>PRIOR TO</u> INSTALLATION	DATE
APPROVED: SIGNATURE OF AUTHORIZED PERMITTING AUTHORITY REPRESENTATIVE <u>AFTER</u> INSTALLATION	DATE