



TOWN OF FARMINGTON, WASHINGTON COUNTY APPLICATION FOR DRIVEWAY/CULVERT PERMIT

Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

Phone: (home) _____ (cell) _____ (work) _____

Property Owner's Name (If different than Applicant) _____

Property Owner's Mailing Address: _____

If Applicant is not the Property Owner, is the Property Owner aware you are submitting an application?

_____ Yes _____ No If no, list Property Owner's Phone: _____

DESCRIPTION OF WORK:

Location of Driveway (Address) _____

Type of Finished Driveway: _____

Subdivision Name (If applicable): _____

Remarks: _____

CONTRACTOR INFORMATION:

Name: _____

Address: _____

Email: _____

Phone: (work) _____ (cell) _____ (fax) _____

The undersigned hereby applies for a permit to do the work described above, and hereby agrees that such work will be done in accordance with the descriptions herein set forth in this statement. The construction and maintenance of the driveway is the responsibility of the applicant. 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.

Applicant Signature: _____ **Date:** _____

SEND COMPLETED FORM and \$50 PERMIT FEE TO: Supervisor Mark Foyse, 1877 County Road A, West Bend, WI 53090, include a self-addressed stamped envelope to receive a copy of the approved permit.

Approved By:	Date:
Fee Paid: \$	Date Paid: