# TOWN OF SEVASTOPOL
## Permit for Driveway Access to Town Road
**(no fee required)**

Applicant: (mailing address) Parcel No. 022- ___ - ___________

Name ______________________________

Street ______________________________

City ______________________________ State _________ Zip _____

Telephone: ____________________

Location:

On Town Road ________________________

At Fire # ________________________

Distance to nearest intersection or landmark (circle one) N S E W

____________________________________________

Installation to be performed by: ________________________________

____________________________________________

All driveways are to be constructed in accordance with requirements of Ordinance No. 05-2002 and any special conditions stated below. The maintenance of the driveway is the responsibility of the applicant.

______________________________ ____________________

Signature of Applicant Date

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To be completed by Town:

Driveway Information:

Road Surface Width (min 12'): _________ Culvert required: ☐ yes ☐ no

Width Clearance (min 24'): _________ Culvert size: ______________

Height Clearance (min 15'): _________ Purchase thru Town ☐ yes ☐ no

10% Grade: _________

Drainage structure required: ☐ yes ☐ no (DNR)

Conditions: ________________________________________

________________________________________

________________________________________

Inspected by: ______________________ (Door County Highway Representative)

Approved: ☐ Not Approved: ☐

____________________________________________

____________________________________________

Authorized signature: ________________________________________

**Return to: Clerk/Treasurer Linda Wait**
**Town of Sevastopol**
**P. O. Box 135**
**Sturgeon Bay WI 54235-0135**
Telephone: (920) 746-1230/Fax: (920) 746-1245