

Office Use

Address Application: Y N

Date Paid: _____

 Check CC Cash

TOWN OF MINOCQUA

415 Menominee Street, Suite A
Minocqua, Wisconsin 54548
Phone: 715.356.5296
Fax: 715.356.1132
www.townofminocqua.org

APPLICATION FEE: \$100

Date: _____

APPLICATION FOR PERMIT FOR ACCESS TO A PUBLIC ROAD IN THE TOWN OF MINOCQUA

Applicant Name and Address: _____

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Property Address or Road Name: _____

*** THE WIDTH OF THE DRIVEWAY MUST BE CLEARLY MARKED WHERE IT MEETS THE ROAD**

DRIVEWAY IS MARKED WITH: Tape Flags Paint Other (Specify)

****Driveway must be marked before application can be submitted**

Parcel" Number: _____ aaaaaaa

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Rtqr gtv{ "Qy pgt"Go ckr _____ aaaaaaaaaaaaaaaaaa Rj qpg'%aaaaaaaaaaaaaaaaaaaaa

- The access will be: *At road grade* *Above road grade* *Below road grade*
- Number of other access points are located within 500 feet: _____
- Are there any curves in the road within 500 feet of access point? Yes No
- Will access obstruct any natural drainage patterns/areas? Yes No
- Is the access point on or within 500 feet of a hill or crest? Yes No
- Will driveway meet minimum width requirement of 14 feet for emergency service vehicles? Yes No
- Will driveway be within 5' of lot line? Yes No
- What is the driveway material at the roadway? Asphalt Gravel Concrete

REQUIRED: In the space below, draw a diagram of your property, the public roadway and the proposed access point (or attach a map or survey indicating where the access point will be located):

INSPECTION NOTES FOR SUPERINTENDENT OF PUBLIC WORKS: Date Rec'd _____ Date Reviewed: _____
Comments: _____

Approved Denied *Signature:* _____