

TOWN OF ONALASKA DRIVEWAY PERMIT

REFERENCE TO DRIVEWAY ORDINANCE 6105-1

DRIVEWAY PERMIT NO. _____

____ PERMIT TO OPEN AND EXCAVATE WITHIN RIGHT-OF-WAY

____ PERMIT TO OPEN A DRIVEWAY ONTO A TOWN ROAD

APPLICANT:

NAME: _____

ADDRESS: _____

PHONE: _____

DATE: _____

LOCATION:

ADDRESS: _____

AREA AND SIZE TO BE EXCAVATED: (NEED MAP IF OVER 1/4 OF A MILE)

START DATE: _____ COMPLETION DATE: _____

THE APPLICANT UNDERSTANDS AND AGREES THAT THE PERMITTED WORK SHALL COMPLY WITH ALL PROVISIONS AND CONDITIONS OF TOWN OF ONALASKA DRIVEWAY ORDINANCE #6105-1.

BY: _____
Signature of authorized representative

DATE: _____

PERMIT ISSUED BY: _____

DATE: _____

COMMENTS: PUT ON REVERSE SIDE