

**State of Wisconsin, Town of Cross, Buffalo County**  
**Application/Permit to Construct Driveway**

*Please print or type*

Applicant name:

Date:

Applicant mailing address:

Phone number:

Property owner name, if not applicant:

If not property owner, reason for application:

Type of Driveway: *Circle one*

New Driveway

Improve Existing Driveway

Relocate Existing Driveway

What type of use will Driveway serve: *Circle one*

Residential

Agricultural

Commercial/Industrial

Name of Town Road of proposed Driveway:

On what side of Town Road is the proposed driveway located: *Circle one*

North South East West

What is the name of the nearest other road from proposed driveway:

AND/OR

What is the number of the nearest driveway/residence on this same Town Road:

Approximately, how far (feet or miles) is the proposed driveway

from the nearest other road:

*north/south/east/west*

from the nearest driveway:

*north./south/east/west*

Estimated completion date:

***The construction and maintenance of the driveway shall be the responsibility of the applicant. The applicant agrees to full compliance with applicable Statutes and Town of Cross Driveway Ordinance.***

Signature:

**PERMIT**

Approved by name/date: