

TOWN OF MARSHFIELD ROAD ACCESS PERMIT

Permit No. _____

OWNER/APPLICANT'S NAME: _____

ADDRESS: _____

PHONE NO: _____ CELL NO: _____

E-MAIL: _____

CONTRACTOR: _____

PHONE NO: _____

NAME OF TOWN ROAD: _____

TAX PARCEL NO: _____ FIRE NO if any _____

TYPE OF ROAD ACCESS:

_____ AGRICULTURAL _____ RESIDENTIAL _____ BUSINESS _____ INDUSTRIAL

LOCATION OF ROAD ACCESS: _____ N _____ S _____ E _____ W Side of Road

DESCRIPTION OF PROPOSED ROAD ACCESS—ATTACH SKETCH SHOWING:

- Location of proposed driveway on parcel
- Distance to other driveways or roads within 200 ft on both sides of the road
- Width and length of proposed driveway
- Indication of sight distance in each direction
- Planned culvert length and diameter

Grant the Town Board, in the performance of their duties, permission to enter upon land, make examinations and surveys and place and maintain necessary monuments and marks thereon.

Signature

Date

Please send application and fee of \$25** to: Town of Marshfield Clerk
P O Box 94
Mt. Calvary, WI 53057-0094

**The Town Board, the Zoning Board of Appeals and the Plan Commission reserve the right to retain professional assistance for advice on rezonings, variances, special use permits or other permits authorized by this ordinance. In addition to the payment of the filing fees, the applicant shall reimburse the Town for its reasonable professional fees.

