

DRIVEWAY PERMIT APPLICATION

1. Property Owner Information

Property owner's name:	Permit applicant's name (if different from owner):	
Street Address:	Street Address:	
City, State, Zip Code:	City, State, Zip Code:	
Home Phone Number: Work Phone Number:	Home Phone Number: Work Phone Number:	

2. Property Location

Property Location: Govt. Lot ¼ ¼, S T, N,RE					
County:		Parcel ID:			
Jefferson					
() City () Town () Village		Property Address or Nearest Road			
Lot #:	Block #:	Subdivision name or CSM #:			

3. Please check the type of driveway in which you are applying for:

- () Agricultural () Residential () Commercial
- () Other: please specify:_____

4. Compliance with Town Ordinance:

In the Town of Farmington, it is required that all new driveways comply with specifications as outlined in the Town Ordinance. Please read the Town Ordinance. Then use the checklist below to review your planned construction, and whether or not it meets all required specifications. Each item may be checked off after it has been determined to be in compliance.

Visibility: Visibility is defined as being 3 feet above the driveway and 15 feet from the road pavement.

- () Driveway entering road posted 55 mph must have 400 ft visibility on either side of drive.
- () Driveway entering road posted 30-45 mph must have 300 ft visibility on either side of drive.
- () Driveway entering road posted below 30 mph must have 200 ft visibility on either side of drive.

() Visibility has been checked: Right _____feet Left _____feet

Ditches:

- () Sufficient ditch exists.
- () The existing ditch is not deep enough. It will be cleaned out to provide sufficient depth.
- () Asufficient ditch does not exist. A correct ditch must becreated.
- () Other: ____

N6468 Farmington Rd., Watertown, WI 53094 Phone: (920) 699-2348, Fax: (920) 699-5027 "A rural community striving for a future we can all live with."



Culvert:

Required: () Yes () No

Size: May be determined by adjacent culverts or anticipated flow. Minimum culvert diameter required is 15 inches. Minimum length required is 24 feet. It is required that a minimum of at least 8 inches of gravel must cover a culvert.

Culvert: ______inches in diameter, ______ feet in length

Type of culvert to be used.

New: () Corrugated metal with ends () Concrete with ends () Round () Arched

If a culvert is not required, please specify the reason:

- () The driveway is located on the breaking point (high point) of a hill.
- () No ditch exists and the road slopes away from the driveway.
- () Culvert off right-of-way provides correct drainage.

() Other:

In an upslope situation at least 6 feet shall be level with the road or downslope. Ditches shall be provided on both sides of a driveway to divert any runoff into the road ditch. Proper measures shall be used to control erosion. In level or downslope situations, at least twenty-five (25) feet of driveway shall be level with the roadway or sloping away at a maximum of three percent. Any driveway greater than 200 feet in length shall be a minimum of 10 feet wide with at least 14 feet of vertical clearance, and sufficient base to support an emergency vehicle (fire truck, ambulance, etc.).

5. Please provide a sketch of the intended driveway below:

(NOTE: driveway must also be staked cm the lot for inspection).



6. Signatures

Signature of Property Owner:

PR	Date:
Signature of Applicant:	
	Date:

An application, along with a fee of \$100.00, shall be submitted to the Town Clerk in sufficient time to make the agenda of the Town Board Meeting. Upon receipt of the application, the Township may require up to fifteen (15) working days to visit the site and respond with any recommendations. The permit becomes valid upon the applicant receiving an approved copy of the application. Denial of approval will result in the loss of the application fee. Re-application and an additional site evaluation may result in additional fees. Any driveway constructed without a permit may result in the removal of the driveway at the owner's expense, and/or a fine of up to \$500.00.

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE ONLY						
	Received () Yes () No	Date:	Payment:			
TOWN BOA	RD MEETING: Date to be cons	idered:				
APPROVAL:	() Approved () Denied					
	of approval/denial:					
SIGNATURE	S:					
Approved B	у:					
Town Chairp	person (Print Name)					
Signature: _			Date:			
Witnessed E	Зу:					
Town Clerk	(Print Name)					
Signature: _			Date:			
	Phone:	(920) 699-2348, Fa	atertown, WI 53094 ax: (920) 699-5027 future we can all live with."			