

Driveway Access Permit City of Schofield 351 Alderson Street,

City of Schofield 351 Alderson Street Schofield, WI 54476 715-359-5230 mthuot@cityofschofield.org

DRIVEWAY ADDR	RESS			
☐ Single Family	☐ Duplex	☐ Multi Unit	☐ Business	☐ Other
Project Start Date:		Surface Type:	Concrete Asph	alt Other
Area of entire prope	erty:	sq. ft.		
Area of existing driv	eway and build	ngs:	_ sq. ft.	
Will there be a need	for a culvert:	Yes	No	
Complete drainDistance of driv	way location and size age plan of the site she weway from adjacent p	owing impact to the street rig	ght-of-way	
APPLICANT INFO				
Name:			Phone:	
Address:City:			Do you own t State:	he property?
Email:				Zip:
Linan.				
LANDOWNER INF	ORMATION:	If different than application	ant)	
Name:			Phone:	
Address:			State:	Zip:
Email:				
Signature of Applica				
3 11			.	
			Date:	
PERMIT IS APP	PROVED CO	ONDITIONALLY APPROV	YED (see conditions)	Permit fee: \$50.00
CONDITIONS OF APPROVAL:				Date received:
January of The F				
				Check No.
				Credit/Debit Card accepted (2.65% Convienence Fee Applies)
				Convienence Pee Applies)
APPROVED BY:Mar	k Thuot, Zoning Adm	ninistrator	Date	
				Oriveway Access Permit and City Code of Org. The owner of the property further

Ordinances, Section 46-333 which can be reviewed on the City's web page at www.cityofschofield.org. The owner of the property further understands that he or she must grant the right-of-way entry onto this property, as described above, to the designated personnel of the City of Schofield for the purpose of inspecting, monitoring, and maintaining compliance with the aforesaid code of ordinances.

	Date:
Signature of property owner	