

**Application for a Driveway Permit**  
**Driveway Permit is valid 1 year from date of issuance**

Date: \_\_\_\_\_

Application #: \_\_\_\_\_

The undersigned applies for a driveway permit to do work herein described and located as shown on the plot plan. The undersigned agrees that all work will be done in accordance with the Zoning Ordinance and all other ordinances of the County of Buffalo and all laws of the State of Wisconsin, applicable to said premises and with the information herein:

Owner: \_\_\_\_\_

Excavator: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

(owner)

or

Signature: \_\_\_\_\_

(agent)

**Legal Description: (May be found on your real estate tax statement)**

\_\_\_\_ 1/4, \_\_\_\_ 1/4, Section \_\_\_\_, Twnshp. \_\_\_\_ N., Rng \_\_\_\_ W., Town of \_\_\_\_\_

Located on: County Rd \_\_\_\_\_, Town Rd \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Zoning District \_\_\_\_\_

**Proposed Project and Use:** \_\_\_\_\_

**Driveway material to be used:** \_\_\_\_\_; **Depth of gravel base:** \_\_\_\_\_

**Estimated Date of Driveway Construction:** \_\_\_\_\_; **Est Completion Date:** \_\_\_\_\_

**Distance to nearest driveway to North:** \_\_\_\_', **South:** \_\_\_\_' **or to East:** \_\_\_\_', **West:** \_\_\_\_'

Driveway Type				
<input type="checkbox"/> Residential	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Shared Driveway
<input type="checkbox"/> Reconstruction of Existing Driveway			<input type="checkbox"/> Change in Use of Existing Driveway	

**On the backside of this application, sketch the location of the proposed driveway in relation to lot lines and nearby driveways on the road. Failure to fully complete the application or plot plan will result in a delay in processing your application. If you have questions, please contact the Buffalo County Highway Department at (608) 685-6226 or the Zoning Department at (608) 685-6218 or (608) 685-6217. Thank you.**

**Fees (\$75): (Please send separate check for each application). Make checks payable to Buffalo County Treasurer and return completed application to:**

**Buffalo County Zoning Department  
 407 S 2<sup>nd</sup> St, PO Box 492  
 Alma, WI 54610-0492**

Fire # at Site-



**Office Use Only:**

Use District: \_\_\_\_\_ Variance required: Y\_\_\_\_\_ N\_\_\_\_\_

Check Number	Date Rc'd by Zoning	Date Sent to Hwy Dept	Date returned from Hwy Dept

<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Denied</b>
<b>If denied, reason:</b>	
<b>Authorized Signature:</b>	<b>Date:</b>

**Follow-up Inspection Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Signature)

(Date)