

**DRIVEWAY PERMIT  
TOWN OF MINONG  
REQUIRED FEE \$ 20.00**

NAME OF PERSON REQUESTING PERMIT \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

LOCATION  
SECTION \_\_\_\_\_ TOWNSHIP \_\_\_\_\_ RANGE \_\_\_\_\_

NAME OF ROAD: \_\_\_\_\_

TYPE OF DRIVEWAY: \_\_\_\_\_

SIZE OF DRAINAGE STRUCTURE REQUIRED: \_\_\_\_\_

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DESCRIPTION OF REQUIRED WORK, SPECIAL RESTRICTION, OTHER DETAILS OR SKETCHES:

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**PLEASE CLEARLY MARK DRIVEWAY WITH FLAGS OR POSTS BEFORE SENDING IN  
THIS PERMIT SO INSPECTION CAN BE COMPLETED**

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ISSUANCE OF THIS PERMIT SHALL NOT BE CONSTRUED AS A WAIVER OF THE APPLICANT'S OBLIGATION TO COMPLY WITH ANY MORE RESTRICTION REQUIREMENTS IMPOSED BY THE MINONG TOWN BOARD OR WASHBURN COUNTY ZONING.

THE APPLICANT ACKNOWLEDGES THAT HE HAS READ THE TOWN OF MINONG DRIVEWAY ORDINANCE ATTACHED TO THIS APPLICATION AND HE AGREES TO COMPLY WITH ALL RESTRICTIONS AND CONDITIONS OF SAID ORDINANCE. THE MINONG TOWN BOARD RESERVES THE RIGHT TO REMOVE THE ACCESS DRIVEWAY AT THE OWNER'S EXPENSE IN CASE OF FAILURE TO COMPLY.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
DATE OF APPROVAL

\_\_\_\_\_  
APPROVED BY

\_\_\_\_\_  
PERMIT #

\_\_\_\_\_  
DATE \$20.00 REQUIRED FEE PAID

\_\_\_\_\_  
CLERKS SIGNATURE