



1810 CREST VIEW DRIVE #1C  
 HUDSON, WI 54016  
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 715.377.2152

## KINNICKINNIC DRIVEWAY APPLICATION

Instructions: Print all information in ink. Completely fill out. Applications with missing information are considered incomplete and cannot be accepted. Please allow 10 business days for permit processing.

PROJECT LOCATION		
Street Address:		
City:	State:	Zip:
Municipality:		
OWNER INFORMATION		
Name:		
Mailing Address:		
City:	State:	Zip:
Phone:	Phone 2:	
Email:		
CONTRACTOR INFORMATION		
Name :		
Street Address:		
City:	State:	Zip:
Email:		
Phone:	Phone 2:	
Dwelling Contractor License:	EXP:	
Contractor Qualifier License:	EXP:	
CULVERT DESIGN *SIZE, DESIGN, LOCATION ARE PROPERTY OWNER'S RESPONSIBILITY, FINAL APPROVAL BY INSPECTOR		
Culvert Diameter: _____ Inches		
Culvert Length: _____ Feet		

DRIVEWAY DESIGN
Width at Roadway: _____ Feet
Distance from Property Lines: _____ Feet* _____ Feet*
Distance to nearest intersection: _____ Feet**
Distance to nearest driveway: _____ Feet**
Length of Driveway: _____ Feet
*Measured from edge of drive to lot line
**Measured from center to center
APPLICANT'S STATEMENT
Any driveway shall be constructed in accordance with all requirements of the municipality ordinances. The maintenance of the driveway shall be the responsibility of the applicant.
_____
Applicant Signature _____ Date _____
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Print Name

**SITE PLAN (Include distances from nearest driveways, intersections, lot lines and any special restrictions or clearances. Indicate direction.)**