



1810 CREST VIEW DRIVE #1C  
 HUDSON, WI 54016  
 OFFICE@ALLCROIX.COM  
 715.377.2152

## All CROIX ACCESS 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			DRIVEWAY DESIGN	
Street Address:			Width at Roadway: _____ Feet	
City:	State: WI	Zip:	Distance from Property Lines: _____ Feet* _____ Feet*	
Municipality: Town of Hammond			Distance to nearest intersection: _____ Feet**	
OWNER INFORMATION			Distance to nearest driveway: _____ Feet**	
Name:			Length of Driveway: _____ Feet	
Mailing Address:			*Measured from edge of drive to lot line	
City:	State:	Zip:	**Measured from center to center	
Phone:	Phone 2:		<b>APPLICANT'S STATEMENT</b>  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 <span style="float: right;">Date</span>	
Email:				
CONTRACTOR INFORMATION				
Name :			_____ Print 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				

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