



1810 CREST VIEW DRIVE #1C
 HUDSON, WI 54016
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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:				
City:	State: WI	Zip:	Width at Roadway: _____ Feet	
Municipality: Town of Kinnickinnic			Distance from Property Lines: _____ Feet* _____ Feet*	
OWNER INFORMATION			Distance to nearest intersection: _____ Feet**	
Name:				
Mailing Address:				
City:	State:	Zip:	Distance to nearest driveway: _____ Feet**	
Phone:	Phone 2:			
Email:				
CONTRACTOR INFORMATION			Length of Driveway: _____ Feet	
Name :				
Street Address:				
City:	State:	Zip:	*Measured from edge of drive to lot line	
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				
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	

Print Name				

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