**Town of Vinland**

CULVERT/DRIVEWAY PERMIT APPLICATION

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TAX PARCEL NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF PROPERTY OWNER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

TELEPHONE NUMBER OF OWNER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF APPLICANT (*if different from Property Owner*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE OF PERSON RESPONSIBLE FOR FINAL INVOICE\*\*:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*\*Signature confirms agreement to NOT use concrete within the Town’s Right of Way***

***\*\* Installation of Culvert is administered by the Winnebago County Highway Department.***

***\*\* Submit payment of $100 to the Town of Vinland.***

***\*\* Once the permit is approved, the Clerk/Treasurer or Deputy will contact the County Hwy Dept to schedule the project. Project cost will be billed directly to the applicant upon completion of the project. Payment in full is expected within 30 days of invoice. Non-payment will be subject to special charge on property tax bill.***

***\*\* Work completed prior to application submission is subject to double permit fee and cost to bring the project to Town’s standards.***

***---------------------------------------------------------------------------------------------------------------------------------------------------***

**To be completed by County Hwy Department*:***

LOCATION OF DRIVEWAY VERIFIED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF VERIFICATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CULVERT WIDTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CULVERT DIAMETER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REQUEST FOR A VARIANCE (YES/NO): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GRADE OF HUBS SET: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE SET: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE CULVERT INSTALLED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF FINAL INSPECTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF HIGHWAY SUPERINTENDENT OR DESIGNEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

===========================================================================================

Parcel Number: \_026-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CULVERT/DRIVEWAY LOCATION

Place flags in proposed work area OR

DRAW A SKETCH OF THE PROPERTY INCLUDING DIRECTIONS, ROAD NAMES, SIZE OF THE LOT, LOCATION OF THE HOUSE AND INDICATE THE LOCATION AND MEASURED DIMENSIONS FROM THE NEAREST LOT LINE OF THE PROPOSED DRIVEWAY.

SKETCH:

INDEMNIFY AND HOLD HARMLESS THE TOWN OF VINLAND FROM ANY DAMAGES IT MAY BE REQUIRED AS A RESULTS OF INJURY TO PERSONS OR PROPERTY CAUSED BY APPLICANT OR HIS AGENT

APPLICANT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_