



VILLAGE OF CALEDONIA
PAVING / DRIVEWAY APPROACH APPLICATION
(Asphalt or Concrete)
5043 CHESTER LANE - CALEDONIA, WI 53402
- PHONE (262) 835-6435

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|-------------|
| Permit No. |
| Parcel No. |
| Receipt No. |

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|--|-------------------------------|
| Owner's Name | Owner's Email |
| Owner's Mailing Address, City, State & Zip (if different from Project Address) | Phone () |
| Contractor or Applicant Name | Contractor or Applicant Email |
| Contractor's or Applicant's Mailing Address, City, State & Zip | Phone () |

PROJECT ADDRESS:

| | |
|--|--|
| Driveway Permit Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> None <input type="checkbox"/> | Paved Shoulder Permit Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> None <input type="checkbox"/> |
|--|--|

***Install driveway so as to ensure proper drainage away from all buildings, to ensure natural drainage is not restricted, and to ensure runoff does not create a problem with abutting properties or icing of the road right-of-way. Side slopes on drive not to exceed 4:1. Driveways shall be located outside of all easement areas and a minimum of 5'-0" from the property lines.**

DESCRIPTION OF PROPOSED WORK:

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**Applicant must arrange inspections with the Engineering Department at least 48 hours prior to desired appointment time.*

PRINT CONTACT PERSON _____ Phone () _____

SIGNATURE OF APPLICANT _____ Date _____

ENGINEERING DEPARTMENT ONLY

| PERMIT TYPE: | FEES: | PAYMENT TYPE: |
|--|-----------------------------------|---|
| For a Driveway Extension into a Public Right-of-Way or the Installation of Asphalt Shoulders | Amount Due \$ 90.00 | Cash <input type="checkbox"/> Date: _____ |
| Per driveway entrance | Amount Due \$ 220.00 | Check <input type="checkbox"/> Date: _____ |
| Per concrete driveway entrance | Amount Due \$ 220.00 | Credit / Debit <input type="checkbox"/> Date: _____ |