



**VILLAGE OF CALEDONIA**  
 5043 CHESTER LANE • CALEDONIA,  
 WI 53402 PHONE (262) 835-6428

**PAVING / DRIVEWAY APPROACH APPLICATION**  
**(Asphalt or Concrete)**

Permit No.
Parcel No.
Receipt No.

<b>Owner's Name</b>	Owner's Email
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Owner's Mailing Address, City, State & Zip (if different from Project Address)	Phone ( )
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<b>Contractor or Applicant Name</b>	Contractor or Applicant Email
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Contractor's or Applicant's Mailing Address, City, State & Zip	Phone ( )
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**PROJECT ADDRESS:**

<b>Driveway Permit</b> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> None <input type="checkbox"/>	<b>Paved Shoulder Permit</b> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> None <input type="checkbox"/>
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**\*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:**


\*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 ..... \$ <b>75.00</b>	Cash <input type="checkbox"/> Date: _____
Per driveway entrance	Amount Due ..... \$ <b>180.00</b>	Check <input type="checkbox"/> Date: _____
Per concrete driveway entrance	Amount Due ..... \$ <b>180.00</b>	Credit / Debit <input type="checkbox"/> Date: _____