

TOWN OF LEON DRIVEWAY PERMIT APPLICATION

PERMIT INFORMATION

To be filled out by applicant

Name of Applicant _____ Phone No. _____ Date _____

Present Mailing Address _____ City _____ State _____ Zip _____

Town Road Involved _____ Number of Driveways _____

Type of Driveway Requested: Residential ___ Proposed Road ___ Other ___

Township of LEON: _____ 1/4 of the _____ 1/4, of Section _____

Approximate location of driveway: (Provide name of nearest road intersection and distance from that intersection): _____

On which side of town road highway will driveway be located? _____

Has property been surveyed or subdivided? Yes _____ No _____

Certified Survey Map No: _____ Vol: _____ Page: _____

Unusual features of driveway request: (i.e.wider driveway for school bus, visibility, etc.) _____

APPLICANT WILL PLACE STAKES IN DITCHLINE WHERE DRIVEWAY IS PROPOSED, SO THAT THE TOWN OF LEON BOARD OR DESIGNEE CAN INSPECT LOCATION.

I, the undersigned applicant do hereby certify that I have requested this driveway permit and that I have read, understand, and agree to abide by all the applicable provisions and restrictions which are shown on the reverse side of this application.

Please read owners covenant on reverse side.

Owners Signature

Date _____

Please submit to: Town of Leon Chairman
Greg Selbrede
8304 Co. Hwy J
Sparta, WI 54656
(608) 269-7791