



PERMIT APPLICATION FOR RESIDENTIAL DRIVEWAY

(Read "General Requirements" on page 2)

(Rev. 10/07)

All requested information must be answered completely or form will be returned. (Print or Type.)

LOCATION:

_____		_____	_____
Address		County Hwy	Municipality
<input type="checkbox"/>	New Driveway - Residential	<input type="checkbox"/>	Pave / Modify Existing Driveway
<input type="checkbox"/>	Close Existing Driveway	<input type="checkbox"/>	Replace Culvert Pipe & Repave

Name of Applicant (Only Owner or Contractor May Apply)

_____ Tel. _____ FAX _____

Address:

_____ Street _____ City _____ State _____ Zip

Email: _____

Name of Property Owner:

Address:

_____ Street _____ City _____ State _____ Zip

Contractor Performing Work:

_____ Tel. No. _____

Contact Person:

_____ 24 HR No. _____

FAX No. _____

Address:

_____ Street _____ City _____ State _____ Zip

Attach a drawing and a detailed description of the work to be done. Indicate location of work with respect to lot corners as well as to roadway, sidewalks or other existing reference points.

The undersigned and designated applicant requests permission to perform work, hereinbefore described, on County Trunk Highway right-of-way and in consideration of being granted permission as evidenced by the approval of the authorized representative of The Director of Transportation and Public Works, binds and obligates himself to perform work in accordance with the description contained herein and plans and sketches, if any, attached hereto, and to abide by the general requirements on the reverse side of this form and all applicable Milwaukee County specifications and requirements for design and construction.

Date: _____

Signature _____
 (Owner or Contractor)

GENERAL REQUIREMENTS

1. Applications should be completed and returned to: Milwaukee County Department of Transportation and Public Works, Transportation Division, 2711 West Wells Street, Suite 300, Milwaukee, WI 53208
Phone (414) 278-5096 for assistance in completing this form.
2. A fee is charged for this permit and a restoration deposit in the form of a check naming Milwaukee County will be required. This deposit is to pay for any expenses incurred by the County in repairing damage to any portion of the County Highway right-of-way caused by the work performed under this permit. The deposit is refunded if the work is performed satisfactorily. All checks shall be made payable to Milwaukee County Department of Transportation and Public Works and sent to the address above.
3. Upon payment of all fees and deposits and approval of this application, the proper permit will be issued to the applicant by Milwaukee County. The permit will contain the requirements and special provisions that apply.
4. No work shall be started until the application is approved and the permit is issued.
5. No changes or alterations in approved work may be made at any time without written permission from the Director of Transportation and Public Works or his authorized representative. Changes in extent of work may require payment of additional fees and deposits.
6. The applicant is responsible for obtaining any other permit(s) from the local municipality and for complying with any other restrictive requirement of local ordinances not in conflict with County requirements.
7. Driveway or street connections shall comply with current County design standards. These may be obtained from the Milwaukee County Department of Transportation and Public Works Transportation Division at the above address.

NOTE: Existing driveways ARE NOT automatically perpetuated. In the event of a change in land use or a major change in the traffic pattern of the existing facility, a new driveway application is required.

For Department of Transportation & Public Works Use Only - DO NOT WRITE BELOW THIS LINE

PERMIT CONDITIONS

Traffic Engineering	STOP sign/ other signing required ? Yes [] No []						Pavement Markings ? Yes [] No []	
Codes:	<input type="checkbox"/> CODE I	<input type="checkbox"/> CODE A	<input type="checkbox"/> CODE EC	<input type="checkbox"/> CODE SH	<input type="checkbox"/> CODE T	<input type="checkbox"/> CODE X	<input type="checkbox"/>	
	<input type="checkbox"/> CODE P	<input type="checkbox"/> CODE B	<input type="checkbox"/> CODE ML	<input type="checkbox"/> CODE SM	<input type="checkbox"/> CODE TD	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> CODE Z	<input type="checkbox"/> CODE BP	<input type="checkbox"/> CODE S	<input type="checkbox"/> CODE SW	<input type="checkbox"/> CODE WH	<input type="checkbox"/>	<input type="checkbox"/>	

Notes: _____

FEES

Permit Fee	\$ _____
Engineering	\$ _____
Inspection	\$ _____
Other:	\$ _____
	\$ _____
	\$ _____

Total Fees: \$ _____	Restoration Deposit: \$ _____	Total Due: \$ _____
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Recommended for Approval: _____ Date _____

Location Sketch

--Single Family Residential

