



**VILLAGE OF WAUSAUKEE  
APPLICATION FOR DRIVEWAY/CULVERT  
PERMIT**

428 Harrison Avenue  
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Wausaukee, WI 54177  
Phone: 715-856-5341  
Fax: 715-856-6166  
[clerk@villageofwausaukee.com](mailto:clerk@villageofwausaukee.com)

Owner's Name: \_\_\_\_\_

Owners Address: \_\_\_\_\_  
\_\_\_\_\_

Applicant name (If different than owner) \_\_\_\_\_

Phone (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Fax: \_\_\_\_\_ email: \_\_\_\_\_

**DESCRIPTION OF WORK:**

Location of Driveway/Culvert (Address) \_\_\_\_\_

Type of Finished Driveway: \_\_\_\_\_

Culvert Construction and Standards: \_\_\_\_\_

Description including Size and Gauge: \_\_\_\_\_  
\_\_\_\_\_

**CONTRACTOR INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (work): \_\_\_\_\_ (cell) \_\_\_\_\_ (home) \_\_\_\_\_

fax: \_\_\_\_\_ email: \_\_\_\_\_

The undersigned hereby applies for a permit to do the work described above, and hereby agrees that such work will be done in accordance with the descriptions herein set forth in this statement. The construction and maintenance of the driveway is the responsibility of the applicant. The privilege as granted above is granted only on the condition that by the acceptance of the privilege, the said undersigned shall become primarily responsible and liable for any and all damage to persons or property caused by and arising from the grant and exercise of such privilege.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\$35 DRIVEWAY PERMIT FEE:** Paid \$ \_\_\_\_\_ Date Paid \_\_\_\_\_

Date Faxed or emailed \_\_\_\_\_