

*TOWN OF ASHIPPUN*  
*P.O. BOX 206, ASHIPPUN WI 53003*  
*(920)474-4781*

**DRIVEWAY/CULVERT/FIRE MARKER PERMIT**

**Permit is good for only 120 days. Driveway and culvert must be installed within 120 days.**

Name of applicant \_\_\_\_\_

Phone number \_\_\_\_\_

Address of applicant \_\_\_\_\_

\_\_\_\_\_

Location of Road Work \_\_\_\_\_

\_\_\_\_\_

New address will be \_\_\_\_\_

Description of work to be done \_\_\_\_\_

\_\_\_\_\_

**Applicant MUST initial the following:**

\_\_\_\_\_ Digger's Hotline must be notified and will mark all underground utilities.

\_\_\_\_\_ Ashippun Sanitary District (if applicable) must be notified and will mark all underground plumbing.

\_\_\_\_\_

Sanitary District Commissioner

Date

\_\_\_\_\_ \$ 75 Fire Number Fee

\_\_\_\_\_ \$100 Driveway Permit Fee

\_\_\_\_\_ \$ 45 Culvert Permit Fee

I have read and understood the conditions of this permit pursuant to the Town of Ashippun Code of Ordinances Section 27.01.010 relating to disturbing the roadway and Section 27.01.030 relating to road specifications. I understand that if the road is not built to specifications or restored to its original condition or better, the Town may rebuild the road to their specifications and bill me for the costs of said reconstruction.

\_\_\_\_\_

**Signature of Applicant**

\_\_\_\_\_

Town Highway Supervisor

Date