



Driveway Permit Application

Permit application # _____ Date Received _____ By _____

Please complete all areas of application that are applicable

Tax Parcel Number _____

Legal Description: Sec. _____ T. _____ N. R _____ E.

Submit a map or sketch with the proposed drive-way clearly marked.
Place stakes at proposed location or make an appointment for review.

Property Owner Name	Phone #
Address of Property	
Permanent Address	

Driveways with inadequate access may hinder emergency vehical response

I understand and agree

\$60.00 -- Driveway Permit

Make check payable to the Town of Lake and submit payment with application.

Signature of Applicant _____ Date _____

Cilvert size required _____ Approved Director of public works Date _____

Approved Denied – Plan Commission Chairman _____ Date _____

Approved Denied—Town Board Chairman _____ Date _____