

KEWAUNEE COUNTY HIGHWAY DEPARTMENT

E4280 County Road F
Kewaunee, WI 54216
Telephone: (920) 388-3707



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DRIVEWAY AND/OR ALTERATIONS ON COUNTY TRUNK HIGHWAYS PERMIT

(Reference Driveway Policy)

Return this form to: Kewaunee County Highway Department
E4280 County Road F
Kewaunee, WI 54216

Name of Owner: _____ Date: _____
(Permit is made out & issued to owner only)

Present Address: _____ City: _____

Zip Code: _____ Telephone: _____ Email: _____

Township Where **New** Driveway is Located: _____ Section, Town & Range: _____

Address for **New** Driveway: _____ City & Zip Code: _____

Fee: The applicant agrees to pay all associated fees per the current Kewaunee County Fee Schedule. Additionally, the applicant understands that an **after-the-fact fee** applies to any work done without a permit and, fees will be assessed at more than double the standard rate. **Total Charges: \$** _____

Signature of Applicant

Type of Permit Requested:

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Driveway | <input type="checkbox"/> Blacktopping of Driveway | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Relocation of Driveway | <input type="checkbox"/> Rebuilding of Driveway | Number of Drives _____ |

How much frontage do you have on the county highway? _____

What is the purpose of this request? _____

What highway is involved? _____ Side of highway? _____

Type of building? Commercial Residential

Location: _____

(Locate to nearest named side road by feet or miles)

PLEASE PLACE A STAKE IN THE CENTER OF THE DITCH AT THE LOCATION OF THE DRIVEWAY, SO WE CAN LOCATE THE SITE. ALL COST OF PIPE & INSTALLATION IS THE RESPONSIBILITY OF THE LAND OWNER.

(Below this line – For office use only)

Pipe Diameter: _____ Pipe Length: _____

Require Endwalls: YES / NO _____

Notes: _____

Signature: _____ Date: _____

<p>FEE REQUIRED: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>AMOUNT DUE: \$ _____</p> <p>DATE ISSUED: _____</p> <p>PERMIT NUMBER: _____</p>
