



VILLAGE OF CALEDONIA  
 5043 CHESTER LANE • CALEDONIA, WI  
 53402 PHONE (262) 835-6428

PAVING / DRIVEWAY APPROACH APPLICATION  
 (Asphalt or Concrete)

Permit No.
Parcel No.
Receipt No.

Owner's Name	Owner's Email
Owner's Mailing Address, City, State & Zip (if different from Project Address)	Phone ( )
Contractor or Applicant Name	Contractor or Applicant Email
Contractor's or Applicant's Mailing Address, City, State & Zip	Phone ( )

PROJECT ADDRESS:

<b>Driveway Permit</b> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> None <input type="checkbox"/>	<b>Paved Shoulder Permit</b> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> None <input type="checkbox"/>
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\*Install driveway so as to ensure proper drainage away from all buildings, to ensure natural drainage is not restricted, and to ensure runoff does not create a problem with abutting properties or icing of the road right-of-way. Side slopes on drive not to exceed 4:1. Driveways shall be located outside of all easement areas and a minimum of 5'-0" from the property lines.

DESCRIPTION OF PROPOSED WORK:


\*Applicant must arrange inspections with the Engineering Department at least 48 hours prior to desired appointment time.

PRINT CONTACT PERSON \_\_\_\_\_ Phone ( ) \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ Date \_\_\_\_\_

ENGINEERING DEPARTMENT ONLY

PERMIT TYPE:	FEES:	PAYMENT TYPE:
For a Driveway Extension into a Public Right-of-Way or the Installation of Asphalt Shoulders	Amount Due ..... \$ <u>75.00</u>	Cash <input type="checkbox"/> Date: _____
Per driveway entrance	Amount Due ..... \$ <u>180.00</u>	Check <input type="checkbox"/> Date: _____
Per concrete driveway entrance	Amount Due ..... \$ <u>180.00</u>	Credit / Debit <input type="checkbox"/> Date: _____