

TRAVELWAY PERMIT APPLICATION / FIRE NUMBER REQUEST

TOWN OF ST. GERMAIN, WI

Instructions: Complete Travelway Permit Application section and/or Fire Number Request section and submit with fees to: **St. Germain Zoning Administrator, 561 Highway 155 (Municipal garage) Phone/Fax: 715-542-3155 E-mail: stgtownshop@hotmail.com 6:00am—2:30pm Mon—Fri**

Date applied ____/____/____ Parcel #24-_____
Parcel owner: _____
Applicant: _____
Site address _____

Travelway Permit Application: Print this form and use back side for sketch of the proposed travelway including setbacks, grades, slopes, length of drive and any cutoffs or dead end turnarounds. Tag trees to be removed if possible. Town will determine location of travelway if adequate plan is not provided.

Travelway will provide access to: ____ State Highway ____ County Highway ____ Town Road

WI DOT approval required? ____ Yes ____ No WI DOT approval attached? ____ Yes ____ No

A fee of \$75.00 must accompany this application (make check payable to Town of St. Germain). The fee will be refunded if the travelway as proposed is denied.

Permitted travelway shall be constructed in accordance with the approved permit. Travelway is subject to Town inspection. If after two inspections the travelway installation is found noncompliant with this permit, a new application fee will be required.

Signed: _____ Owner/Contractor

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ E-mail _____

Zoning Administrator response to Travelway Permit Application

A culvert will / will not be required for this installation. Recommended culver diameter: _____ inches

Approved as proposed: _____ Approved with following conditions: _____

Permit # _____ Date ____/____/____ Signature _____

This permit is valid for a period of one year from this date. Construction of the travelway must occur during this one year period.

Fire Number Request:

I hereby request a Fire Number be assigned to the above described property.

A fee of \$65 (in addition to the \$75 travelway fee if applicable) must accompany this request for a fire number assignment (make check payable to the Town of St. Germain).

Signed: _____ Owner/Contractor

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ E-mail _____

Zoning Administrator response to Fire Number request

Fire Number _____ has been assigned to the above described property.

Date ____/____/____ Signature _____