



**CITY OF WAUPACA, WISCONSIN
DEPARTMENT OF PUBLIC WORKS
DRIVEWAY PERMIT APPLICATION**

Permit No _____
Date Issued _____
Expires _____
Issued by _____

**CONSTRUCT, INSTALL, MOVE OR REPAIR DRIVEWAYS
WITHIN THE CITY OF WAUPACA RIGHT OF WAY**

The undersigned hereby agrees to be bound by all applicable rules, regulations, ordinances, and specifications as prescribed by the City of Waupaca Municipal Ordinance. The permittee shall perform any and all work in accordance with the current standards for City Code 8.11 Driveway Permits.

Contractor Information

Business Name: _____

Address: _____

Contact Person(s) _____

Phone # _____ Alt. Phone # _____ Fax/Email _____

Property Information

Owner Name: _____

Address: _____

Contact Person(s) _____

Phone # _____ Alt. Phone # _____ Fax/Email _____

Driveway Information

Replace/Improve Existing New Construction/New Access

Concrete Asphalt Other

Drawing or Work Plan Included (Required)

Project Description _____

Estimated Start Date _____ Estimated Completion Date _____

Estimated Restoration Date _____

The Applicant understands that any work done by the City of Waupaca will be billed as time and materials.

By _____ Date _____
(Signature of Authorized Representative or Contractor)

CITY APPROVAL

By _____ Date _____
(Director of Public Works or designee)