

Town of Forest

**Vernon County, WI
E15784 State Hwy 33
Hillsboro, WI 54634
(608) 489-2608**

Application for Driveway and/or Alterations on Town Road Right-of-Way

Date _____

Name of Property Owner _____ Property Location _____

Mailing Address _____ Telephone # _____

Type of Permit requested _____ Number of driveways _____

Commercial or Residence _____ North South East West
Side of Road (Circle One)

Remarks

The Town Board shall inspect location before work has begun. Observe items 1 through 6 regarding construction:

1. Proper barricades, signs, flags and lights shall be provided and maintained at all locations where construction and maintenance work interfere with normal traffic use of road.
2. The applicant, his successors or assigns agrees to hold harmless the Town of Forest and its duly appointed agents and employees against any action for personal injury or property damage sustained by reason or of this permit.
3. The entire cost of constructing, maintaining, removing, altering, or replacing the facility installed under this permit shall be the sole responsibility of the applicant, his/her successors or assigns.
4. The roadway shall be kept open for traffic and the indicated number of lanes shall be provided. There shall be no interference with traffic due to the placing of excavated material or machinery on the lanes kept open for traffic.
5. All damages to the road shall be repaired, and the roadway surface, shoulders, slopes, ditches, etc. shall be restored to a condition acceptable to the Town Board at the sole cost and expenses of the applicant.
6. As determined by the township, a _____ inch diameter culvert pipe _____ feet in length is required and needs to be provided by the property owner. The Town of Forest will provide installation of the culvert at each driveway, to provide proper drainage along the road. If culvert specifications are not followed, the resetting of the culvert will be done by the Town; a fine of \$100, time and materials will be billed the property owner.

Applicant Signature _____ Date _____

Chairman

Supervisor

Supervisor

Permit # _____