

FEE: \$20.00

TOWN OF CABLE, BAYFIELD COUNTY, HIGHWAY ACCESS PERMIT AND TOWN DRIVEWAY PERMIT APPLICATION FORM

Applicant's Name: _____

Mailing Address: _____

Phone # _____

Driveway to be located on a Town road named _____

located _____ miles (north - south - east - west) of its junction with _____

in Section _____ Township _____ North, Range _____ West, in the Town of Cable,

Bayfield County. Parcel ID # _____

Proposed Land Use _____

Approximate starting date _____

Approximate completion date _____

Applicant shall accompany this form with the following: 1) The indicated fee attached. 2) A rough sketch showing the conceptual idea of the project and approximate location and dimensions. 3) The Applicant shall place a flag or marker with the name of the Applicant on the flag in the road ditch visible from the road at the location of the proposed work. A representative of the Town of Cable, in company with the applicant if deemed necessary, will make a field inspection.

Signed _____ Date _____

TO BE COMPLETED BY ROAD DEPARTMENT:

Type of Driveway (Commercial - Industrial - Residential - Agricultural)

Additional Driveway _____. If so, explain _____

Culvert Required (Yes - No) Size _____

Exceptions _____

Approved By _____ Date _____

Mail To: Town of Cable P.O. Box 476 Cable, WI 54821