

1.

FEE: \$100

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

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone # \_\_\_\_\_

Email: \_\_\_\_\_

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 \_\_\_\_\_

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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. 4) A representative of the Town of Cable, in company with the applicant if deemed necessary, will make a field inspection.

Signed \_\_\_\_\_ Date \_\_\_\_\_

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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 or place in office drop box