| \$50 | - | 0 | 0 |
|------|---|---|---|
|------|---|---|---|



Town of Delafield Application for a Driveway

| Owners Name: | | Phone #: | |
|---|--|-----------------------------------|--|
| Address: | | | |
| Subdivision: | | | Lot #: |
| Signature of Proper | ty Owner: | | |
| NO CONCRETE DE | RIVEWAYS AR | | TED WHICH WOULD |
| ROAD RIGHT-OF-V IN THE HOLDING (IT IS THE RESPON | NAY. FAILURE OF THE DITCH ISIBILITY OF | E TO COMI H BOND O THE HOME | D SURFACE OF THE PLY WILL RESULT R RESULT IN A FINE. <u>E OWNER TO</u> AT 262-646-2398 FOR |
| AN INSPECTION. | | | <u> </u> |
| Highway Superinter | ndent | Date | |
| | t the Delafield estions please | | I in the Clerk's Office 646-2398. |
| Fee: | Receipt #: | | Date: |
| Town Official Accept Copy to High | ing Form: | | |

W302N1254 Maple Avenue, Delafield, WI 53018-2117 Phone: 262-646-2398 Fax: 262-646-8687 <u>www.townofdelafield.org</u>