

TOWN of APPLE RIVER

DRIVEWAY PERMIT APPLICATION

Date

Applicant-Owner-Contractor Name

Current Mailing Address

Phone Numbers

Home

Business

Cell

Description of Location- provide road &
crossroad information & closest Fire #

Date driveway will be staked

Date Faxed to Greg's

Driveway Location Approved

BY

Date Notified Installation Complete

Date Greg's Notified Ready for Final

Date Final Inspection Conducted

By

Approved or Exception Noted