

TOWN OF HARMONY

DRIVEWAY PERMIT

Applicant Name: _____

Phone Number: _____

Email addresses _____

Address/Fire Number: _____

Parcel ID: _____

Driveway location, Onto _____ Road/Lane/Street

(Must have safe sight distance in both directions at the public roadway. Safe manageable grade and does not obstruct natural drainage patterns.)

Provide a map showing driveway location with, reference, to adjacent roads and driveways.

Mark the location with a post or some sort of semi-permanent marker visible from the road.

*You may opt to contact Pete Strachan @ 608 689 2445 to meet on site and review your proposed driveway location.

Owner Signature/Date: _____

If you wish to send the application mail. Complete the form, attach any sketches, or maps and send it along with the permit fees (\$50.00) to:

Planning/Zoning Department, C/O Harmony Clerk

S4102 County Road O

Viroqua, WI 54665

harmonyclerk@tn.harmony.wi.gov

_____ **Township Use** _____

Sight distance _____ Safety issues? Y/N _____

Culvert required/ Size Y/N _____ / _____ Drainage issues _____

Approval, Town of Harmony Representative

Signature/Date: _____

Permit Number _____

Harmony docs 10/31/21