

# TOWN OF LINDEN DRIVEWAY PERMIT APPLICATION

| APPLICANT INFORMATION   |                               |             |
|---|-------------------------------|-------------|
| 1. Applicant Name   | 2. Phone (    ) _____ - _____ |             |
| 3. Property Owner (If Not Applicant)  |                               |             |
| 4. Applicant Mailing Address  |                               |             |
| DRIVEWAY LOCATION INFORMATION   |                               |             |
| 1. Property Address   |                               |             |
| 2. Highway Name / Number<br>Driveway Will Access  | 3. County of:                 | 4. Town of: |
| 5. Type of Driveway Activity (Check One)  |                               |             |
| <input type="checkbox"/> Construct New Driveway <span style="margin-left: 150px;"><input type="checkbox"/> Alter / Relocate Existing Driveway</span><br><input type="checkbox"/> Remove Existing Driveway <span style="margin-left: 150px;"><input type="checkbox"/> Other:</span><br>_____ |                               |             |
| 6. Approximate Number of Vehicle Trips Per Day  |                               |             |
| 7. Indicate Any Other Pertinent Information Relating to the Driveway Application  |                               |             |
| 8. Completed Application must include the information listed on the checklist on the back of this application form.   |                               |             |
| I attest that the information provided is correct and complete to the best of my knowledge<br><b>X</b> _____<br>Property Owner / Authorized Representative Signature  |                               |             |
|   |                               |             |

**Permit Approved:**                       Yes (Date \_\_\_\_\_ )                       No (Date \_\_\_\_\_ )

**Special Provisions Apply:**                       Yes (See Attachment)                       No

**Permit Number:** \_\_\_\_\_

**Permit Expiration:** \_\_\_\_\_

**X** \_\_\_\_\_  
**Town Board Signatures**

**TOWN OF LINDEN  
DRIVEWAY PERMIT APPLICATION CHECKLIST**

Checklist

4) **Sketch Map (pencil & paper drawing)**. Provide a detailed sketch of the driveway showing location and dimensions.

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5) **Sketch Map (aerial)**. Provide a detailed sketch showing the location and dimensions of the driveway on an aerial photograph.

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6) **Soil/Slope Analysis**. The proposed driveway must be drawn on a topographic map in order to determine the approximate slope.

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7) **County Review**. The driveway request must be reviewed by the Iowa County Office of Planning to ensure compliance with issues such as, but not limited to, delineated floodplain, shoreland, wetlands, etc.

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8) **County/State Access Approval**. Any driveway proposed to access a county trunk highway or state/federal highway must have its access to said public highway approved by the appropriate highway authority. A copy of access approval must be supplied with the Town application.

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9) **Other Documents**. The Town may require other documents to be attached to the Driveway Permit Application. Additional information may be requested by the Plan Commission.

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10) **Application Fee: \$150.00 (Check or Money Order Payable to the Town of Linden)**

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