

# Driveway Permit Application

**Applicant:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

**Property Owner:**

Owner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

**Description of the repairs or changes to be made:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Approx. Total Project Cost: \$** \_\_\_\_\_

**Project Completion Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Name of Contractor:** \_\_\_\_\_

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

Approved by Director of Public Works

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Permit expires 6 months from issuance.**

The issuance of this permit by the Director of Public Works does not in any way indicate that any requirements imposed by the State of Wisconsin, or any other governmental agency, have been complied with by the above applicant. The sole purpose of this permit is to assure compliance with the City of Greenwood Building and Zoning regulations. The City will not be responsible to ensure compliance

**The application fee is \$25 please make checks payable to City of Greenwood.  
 Thank you!**