

CITY OF BEAVER DAM, WISCONSIN Permit No. D - _____ - 16 Date: _____

DRIVEWAY PERMIT – Engineering Department Account: 01 0000 453100

PERMIT FEE = \$0.00 CASH: _____ CHECK: _____ CHECK NUMBER: _____ No Fee

NOTE: BEFORE A DRIVEWAY PERMIT WILL BE ISSUED THE FOLLOWING ITEMS MUST BE RECEIVED BY THE CITY ENGINEERING DEPARTMENT:

1. **PERMIT FORM.**
2. **NAME OF CONTRACTOR(S) PERFORMING WORK.**

PERMIT HOLDER IS RESPONSIBLE FOR UNSATISFACTORY WORK, INCLUDING RESTORATION, WITHIN ONE YEAR OF COMPLETION.

LOCATION OF EXCAVATION

STREET _____ AT _____

Purpose:

Location Sketch of Driveway:

- _____ New Driveway
- _____ Replace Driveway
- _____ New Sidewalk
- _____ Replace Sidewalk
- _____ Widen Driveway

Existing Roadway Surface _____ Concrete _____ Asphalt _____ Curb & Gutter _____ Other _____

****Any disturbance to curb or street must be restored with same material. Concrete curb and street must be replaced with concrete. Asphalt must be replaced with Hot Mix Asphalt. Cold Mix Asphalt will not be approved.**

Requirements:

- _____ Concrete Driveway (Residential) 6" Concrete on 4" Gravel Base
- _____ Concrete Driveway (Commercial) 7" Concrete on 5" Gravel Base
- _____ Asphalt Driveway (Residential) 2" Asphalt on 6" Gravel Base
- _____ Asphalt Driveway (Commercial) 4" Asphalt on 8" Gravel Base
- _____ Concrete Sidewalk (5' min. width) 6" Concrete on 4" Gravel Base
- _____ Existing Gravel Driveway
- Any excavated area **MUST** be marked by lighted barricade(s)
- Erosion control measures for any gravel placed within right-of-way required

Turf restoration shall include; 4" (min.) Topsoil finely raked, Seed, Fertilizer, and Mulch. Mulch shall be E-Z granulated hydro cube-type mulch or approved equal. PERMANENT RESTORATION MUST BE COMPLETED WITHIN 30 DAYS. EXCLUDING WINTER SEASON. Permit holder must phone the Engineering Dept. (920) 887-4600 ext. 326 for final inspection.

The _____ Agrees to complete their work in accordance with the rules set forth by the
(Name of Firm or Individual) Common Council and the special provisions of this permit.

By: _____ Phone: () _____
Applicant or Applicant's Agent

Permit approved by City of Beaver Dam By: Ritchie Piltz

THIS PORTION TO BE COMPLETED BY CITY PERSONNEL ONLY

Driveway Completed: Date _____ By: _____ Approved Date: _____
Restoration Inspected: Date _____ By: _____