

**TOWN OF CLAYTON
DRIVEWAY APPLICATION AND PERMIT**

Application Fee \$ 50.00

Date _____

Applicant: Name _____

Address _____

Phone Number () _____

Cell Number () _____

Address for proposed driveway _____

Section _____ Town _____ Range _____ Quarter/Quarter _____

The Driveway will provide access to:
STH _____ CTH _____ Town Road _____

Proposed land use of the property _____

Name of Subdivision and Lot Number (if applicable) _____

Specific proposed erosion control procedures to be utilized _____

Specific proposed roadbed base, including depth and type of material _____

The undersigned applicant has received a copy of the Driveway Ordinance and understands that they are to comply with all requirements and specifications.

This permit is valid for 120 days for the first 50 feet of driveway construction or culvert replacement. This permit is valid for 365 days for the completion of the remaining driveway.

Signature of Applicant _____

***** OFFICIAL USE*****

A culvert _____ will, _____ will not be required. If required, the minimum diameter will be _____ inches.

The above driveway permit is issued.

Town of Clayton Authorized Signature

Date

The above driveway is issued the final approval.

Town of Clayton Authorized Signature

Date