

\$50.00 FEE

**LANGLADE COUNTY HIGHWAY DEPARTMENT
1521 ARCTIC STREET
ANTIGO, WI 54409
PH: 715-627-6272**

PERMIT FOR ACCESS DRIVEWAY TO COUNTY TRUNK HIGHWAY

NAME AND ADDRESS OF APPLICANT (MAILING ADDRESS)	COUNTY HIGHWAY	COUNTY LANGLADE COUNTY
	TOWN – VILLAGE - CITY	
Phone number:		
NUMBER OF DRIVEWAYS	TYPE OF DRIVEWAY (GRAVEL, BLACKTOP)	PROPOSED LAND USE (RESIDENTIAL, RECREATION, AGRICULTURE)

_____ **SIDE OF THE HIGHWAY** _____ **MILES** _____ **OF** _____
(N,S,E,W) (N,S,E,W) (NEAREST INTERSECTING ROAD)

QUADRANT _____ **SECTION** _____ **TOWNSHIP** _____ **NORTH** **RANGE** _____
(FROM PLAT BOOK)

PLEASE MARK THE PROPOSED LOCATION OF YOUR DRIVEWAY(S) WITH STAKES OR FLAGS

REQUIRED DRAINAGE STRUCTURE	IF NO DRAINAGE STRUCTURE, STATE WHY

Description of proposed work: (include special restrictions, intersection clearances, other details and reference to any sketches which may be attached).

All required culverts must be new corrugated metal (galvanized or aluminum), 15” minimum or larger diameter and 24’ or longer. Polyethylene (plastic) pipes may be approved on an individual basis by the Commissioner and must conform to AASHTO M294, standard specifications for corrugated polyethylene pipe and installed in accordance with manufacturer’s specification, per policy adopted by the Highway Committee 4/18/01. No slopes shall be left steeper than 4:1 (4 foot horizontal to 1 foot vertical). No parking, advertising, buildings or other encroachments allowed on the right of way.

The installation and maintenance of the driveway(s) shall be the responsibility of the applicant.

Issuance of this permit shall not be construed as a waiver of the applicant’s obligation to comply with any more restrictive requirements imposed by local ordinances.

Signature of Applicant Date Fee Received

Approved by Langlade County Highway Department

COMMISSIONER	DATE	PERMIT NUMBER