

**Town of Somerset  
Driveway Permit Application**

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**For Office Use Only:**

**Parcel Number: 032-** \_\_\_\_\_

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

**A driveway permit is required for all driveways accessing Town roads, including field/ag. driveways. All Driveway Permit applications submitted for approval to the Town must be accompanied by a Certified Survey Map of the Parcel. Please go to [www.landrecords.net](http://www.landrecords.net) or the St. Croix County Register of Deeds in Hudson/Government Center to obtain a map.**

Name & Address of Applicant: \_\_\_\_\_  
\_\_\_\_\_

Phone Number and/or Email of Applicant: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Lot Number: \_\_\_\_\_

Road Name: \_\_\_\_\_

Legal Description: \_\_\_ ¼ of the \_\_\_ ¼ of Section \_\_\_ Township \_\_\_ North, Range \_\_\_

Estimated Start & Completion Dates: \_\_\_\_\_

Proposed Land Use: Residential Commercial Ag./Field Access (Circle One)

Required Drainage Structure: \_\_\_\_\_ (Culvert & Endwalls)

Description of Proposed Work, Include Special Descriptions, Intersections, Sight Line Distance and Sketch Site Plan Below or Attach Plan:

All driveways shall have at least a 200' separation on the same side of the road and 400' site distance. All driveways must have a minimum top width of 14' and a height clearance of at least 14'. Driveway must be level or 1' below the road right of way. All development maps have driveway locations marked on plat. You must put the driveway in where it is designated. Please submit a copy of the Certified Survey Map (or Plat Map) to Town w/your Driveway Permit Application. Endwalls are required on all culverts installed. No decorative rocks around culvert allowed. The maintenance of the driveway shall be the responsibility of the property owner. 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 or county ordinances. No installations during road restrictions. All driveway permits expire one year from date of issue.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Town Chairman: \_\_\_\_\_ Date: \_\_\_\_\_

Fee: \$50.00 Check Number: \_\_\_\_\_

Return to: **Town of Somerset, P.O. Box 248, Somerset, WI 54025**