

TOWN OF LIND
APPLICATION FOR DRIVEWAY/CULVERT PERMIT

Date Filed: _____
Date Approved: _____
Expiration Date: _____

Fee Paid: _____
Check Number: _____

Applicant or Agent: _____ Telephone: _____
Address: _____
Owner of Property _____ Telephone: _____
Address of Property: _____
Contractor: _____ Telephone: _____
Contractor Address: _____

Tax Parcel Number: _____ Lot Size: _____

Zoning District: _____ Number of Existing Driveways: _____
Culvert Length: _____ Culvert Diameter: _____

Attach sketch showing location of proposed driveway/culvert with driveway/culvert dimensions and distances to property lines.

This request is for a Driveway/Culvert Permit under the terms and conditions of the Town of Lind, Driveway and Culvert Ordinance.

CERTIFICATION

I hereby certify that all the above statmens and attachments submitted herewith are tru and correct to the best of my knowledge and belief.

Signature of Applicant: _____ Date: _____