

DRIVEWAY / PARKING PAD PERMIT APPLICATION

VILLAGE OF EDGAR
 PO BOX 67
 224 S. 3RD AVE
 EDGAR, WI 54426
 Ph. (715)352-2891
 Fx. (715)352-2964

PERMIT #: _____
 Payment: _____
 Receipt #: _____
 Action: Approved or Denied
 Executed by: _____

Applications that are completely filled-out & with the required supporting documents will be processed in the order they are received.

PROJECT SITE	STREET ADDRESS _____
OWNER OF THE PROPERTY	OWNER NAME _____ ADDRESS _____ PHONE _____ EMAIL _____
CONTRACTOR INFORMATION	CONTRACTOR NAME _____ ADDRESS _____ CONTACT PERSON _____ PHONE: _____ EMAIL _____
DESCRIBED DRIVEWAY AND/OR PARKING PAD PROJECT	_____

	<input type="checkbox"/> I have attached two (2) copies of an official property survey, marked with location of driveway/parking pad. (Application will not be reviewed without a survey).
	Will there be work in the Right-of-Way (ex., municipal sidewalk, street curb)? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Estimated Cost of Project: \$ _____

I hereby agree to be bound by the provisions of the ordinances, specifications, regulations and restrictions as may be imposed by Village of Edgar regarding this application. I verify that the statements made in this application are true and correct. I understand that any false statements herein are made subject to the criminal penalties, relating to unsworn falsification to authorities.

Property Owner or Representative _____ Date: _____