



DRIVEWAY PERMIT APPLICATION

Date of Application: _____ Fee: \$40 Receipt: _____

Name of owner _____ Phone Number _____

Owner's Address _____
Address City State Zip

Project Address: _____

CONTRACTOR:

Name: _____

Address: _____

Phone #: _____

Sketch of Project:

Gravel Asphalt Concrete

Please Return To:

Village of Hortonville
Dept. of Public Works
P.O. Box 99
Hortonville, WI 54944

Approved By: _____

Date Approved: _____