

CLEAR LAKE TOWNSHIP
8580 AVENUE
P O Box 305
CLEAR LAKE, MN 55319
TELEPHONE (320) 743-2472

DRIVEWAY PERMIT APPLICATION FOR ACCESS TO TOWNSHIP ROAD

Inspection Fee and Construction Deposit must be paid at time of application

\$110 Inspection Fee: Cash ___ Check # _____
Date: _____ Paid by _____

\$500 Construction Deposit: Cash ___ Check # _____
Date: _____ Paid by _____

If the work is not completed as outlined, costs incurred by the Township to remove or complete the construction will be deducted from the Construction Deposit. The Permit is valid for one year from payment receipt date; it is the applicant's responsibility to extend or renew the permit if needed. The Construction Deposit will be forfeited after one year if not extended or renewed.

PLEASE PRINT

Applicant Name: _____

Address: (Street, City, Zip) _____

Phone: _____ Fax: _____ Email: _____

Property Owner: _____

Address: (Street, City, Zip) _____

Phone: _____ Fax: _____ Email: _____

Proposed Access Location (Street Name): _____ miles/feet N-E-S-W
of Intersecting Street (Name): _____

Legal Description: Located in _____ Quarter of Section _____ Township 34 Range _____ or
Located in Plat of (Name): _____ Lot _____ Block _____

Parcel Identification Number: 20-_____-_____

Property Address: _____

Access Purpose: Residential ___ Commercial ___

Number of Present Accesses: _____ **Date Access will be Installed:** _____

**MORE THAN ONE DRIVEWAY ACCESS PER PROPERTY REQUIRES TOWNSHIP
BOARD APPROVAL**

**Attach a sketch of the property, present & proposed accesses in relation to intersecting
roads.**

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I (we) the undersigned, herewith make application for permission to construct the access at the above location, said access to be constructed to conform to current Township Engineering Standards. It is further agreed that no work in connection with this application will be started until the application is approved and the permit issued. It is expressly understood that this permit is conditioned upon replacement or restoration of the Township Road to its original condition. **Further**, I (we) the undersigned, have received a copy of the Town Road Rights-of-Way Ordinance **ORD-2011-005**, current Township Engineering Standards and Minnesota Statute 160.2715 Particular use of Right of Way; Subdivision 5, Misdemeanors.

Signed: _____ Name (Print): _____
Date: _____ Address: _____

**APPLICANT MUST SUBMIT A COPY OF THIS PERMIT TO
SHERBURNE COUNTY PLANNING AND ZONING:
PHONE: 1-800-438-0578 EMAIL: zoning@co.sherburne.mn.us**

**PERMIT APPLICATION INSPECTIONS DONE
BY APPOINTMENT ONLY
CONTACT TOWN HALL AT (320) 743-2472**

FOLLOWING INFORMATION FOR TOWNSHIP USE ONLY:

Date of Initial Inspection: _____

Right-of-Way Width: Feet: _____ Total Width: _____ From Centerline: _____

Culvert/with aprons required: Yes ___ No ___ Size _____

Drive access conforms to current engineering standards Yes ___ No ___

Initial Inspection: Approved ___ Denied ___

Initial Inspection: Date: _____ Signature: _____

Initial Inspection Comments:

Final Inspection: Approved ___ Denied ___

Final Inspection: Date: _____ Signature: _____

Final Inspection Comments:

Refund Deposit: Approved ___ Denied ___