

CLEAR LAKE TOWNSHIP

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:

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Final Inspection: Approved \_\_\_ Denied \_\_\_

Final Inspection:      Date: \_\_\_\_\_      Signature: \_\_\_\_\_

Final Inspection Comments:

Refund Deposit: Approved \_\_\_ Denied \_\_\_