

Avon Township

Application Date: _____

Driveway Access Permit

File Number: _____

Purpose: To provide safe access to landowner's property and to insure all building sites in the township have 911 address signs.

1. Property Owner's Name: _____ Phone: _____

2. Address of Property: _____

3. Mailing Address: _____

4. Parcel Number: _____ Township: _____ Section: _____

5. Legal Description: _____

6. Public Road Accessed by Driveway: _____

7. Public Road Designation (✓ the correct description): State: ____ County: __ Township: ____

8. Road Contractor Name & License Nbr: _____

9. Driveway dimensions drawing must be attached and is part of the permit application.

Agreement: I hereby acknowledge that I have read this application and state that all information is true and correct to the best of my knowledge. I further agree that all work performed will be in accordance with approved plans, specifications and conditions to abide by all of the ordinances of Stearns County and Avon Township regarding actions taken pursuant to this application. Any plans submitted herewith shall become part of the permit application. This application shall not be considered a complete application until the proposed driveway access has been staked by the applicant. Incomplete applications shall expire six (6) months from the date of application. It is the responsibility of the applicant to obtain any other necessary permits from any other regulatory agencies or government bodies. Signature of this application authorizes the Avon Township Officials to enter upon the property to perform needed inspections. Entry may be without prior notice.

Signature of Property Owner or Representative

Date

Township Approval:

Permit Conditions: _____

Name (print): _____

Signature: _____

Avon Township Board of Supervisors, Chair

Fees Collected:

Non-Refundable permit fee: _____ Damage Deposit: \$200 (Refundable Assuming No Damage to Public Roadway)