

Haven Township
P.O. Box 339
St. Cloud, MN 56302-339
(320) 492-6241

Application for Access (Driveway)		
_____ Driveway Permit	\$200 Application Fee, plus \$35 per hour and mileage	Receipt No. _____ Date Paid _____
\$_____ Total Paid		Date of Complete Application: <i>(for office use only)</i> _____/_____/_____
<i>Fees are Non-Refundable</i>		

To be completed by Applicant

Applicant's Name: _____	Daytime Phone: _____
Applicant's Address: _____	Cell Phone: _____
_____	Email: _____

Property Owner(s): _____	
Property Owner's Address: _____	
Legal Description: _____	

Acreage: _____	Section: _____
Township: _____	Range: _____
PID: _____	Zoning District: _____
Purpose of Driveway: Temporary _____ Field Entrance _____ Residential _____	
Proposed Public Street _____ Commercial (Specify Type) _____	
Requested Entrance Width: _____ ft. Number of Present Driveways to Property: _____	
Exact Location of Proposed Driveway(s) (may attach a drawing): _____	

Work to Start On or After: ____/____/____ Work to be Completed By: ____/____/____	
Does this request comply with your Protective Covenants? (check one) Yes ___ No ___ N/A ___	

Requirements:

- *No foreign material such as dirt, gravel or bituminous material shall be deposited or left on the road during the construction of driveway or installation of drainage facilities.
- * Roadside shall be cleaned to original status upon completion of work.
- *After driveway construction is completed the permittee shall notify the Haven Township Zoning

Office or its authorized representative that the work has been completed and is ready for final inspection and approval by Haven Township.

*No changes or alterations in entrances may be made at any time without written permission from the Haven Township Zoning Office.

Security Deposit:

* A Security Deposit may be required to insure proper restoration of roadway surfaces and to cover payment for any damage. Additionally, any expense incurred by Haven Township above the posted deposit will be assessed against the applicant. In the event construction has not been started by the "WORK TO BE COMPLETED BY" date, this permit becomes null and void and deposit refunded.

Applicant's Signature: _____ Date: _____

Print Name of Applicant: _____

Property Owner(s) Signature: _____ Date: _____

Print Name of Owner(s): _____

By signing this Application, the landowner(s) agree to permit the Town to enter the property for the purposes of inspecting the applied and/or permitted use.

Applications will not be considered complete until the following has been received

(Staff will check items for Applicant to submit depending upon the type of project):

- _____ Application to be signed and dated by Applicant(s) and Property Owner(s)
- _____ Fees Paid Receipt # _____ Recording Fee Paid: _____
- _____ Plans or drawings showing location of buildings, existing driveway(s) and proposed driveway(s)
- _____ Comments from City of St. Cloud (if required)
- _____ Comments from County Highway Department (if required)
- _____ Comments from MnDOT (if required)
- _____ Comments from Sauk Rapids Fire Department (if required)
- _____ Comments from Sherburne County Planning Office (if required)
- _____ Other _____

Return Applications to:

**Haven Township
Mark W. Knowles
2923 - 32nd Street SE
St. Cloud, MN 56304**

Application requests will not be valid unless bearing signature and number below.

Application is:

APPROVED _____ DENIED _____ APPROVED WITH CONDITIONS _____

What happens next?

The Town will review your application and mail you a letter if your application is complete, or a letter stating the reasons why your application is not complete, and what additional information is needed. Your Application will then be reviewed by the Town Board for approval, denial, or they may send your request back to the Planning Commission for consideration.

If you have any questions, please call the Zoning Office at (320) 224-2041.