Lake Emma Township

P.O. Box 92 Park Rapids, MN 56470

Driveway Application			
Applicant Name:	Mailing Address:		
Phone Number:	City, State, Zip:		
Email Address:			
Property Owner:	Mailing Address:		
Phone Number:	City, State, Zip:		
Email Address:			
Location of proposed driveway: Road Name:	Parcel ID Number:		
Description of exact location of proposed driveway:			
Purpose of Driveway: Residence C	ommercial Other		
Property Platted? Yes N	0		
Date proposed entrance is needed:			
Number of present driveways to property:			
I/we, the undersigned, herewith make application for permissic said driveway to be constructed to conform with the regular Driveways and Driveway Accesses and to any special provision done to the satisfaction of the Town Board. It is further agree started until the application is approved and the permit is conditioned upon replacement or restoration of the town reunderstood that this permit is subject to the approval of the Lal	tions of the Lake Emma Township Ordinance Regulating ons included in the permit. It is agreed that all work will be at that no work in connection with this application will be a issued. It is expressly understood that this permit is oad to its original or satisfactory condition. It is further		
Signature of Applicant	Date		

Signature of Applicant

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Driveway Permit

A non-refundable application fee of \$50.00 made payable to **Lake Emma Township** must accompany the application.

The Town Board hereby grants a driveway access permit to construct or expand a driveway access as described in the attached application, said driveway to be constructed in accordance with the Lake Emma Township Ordinance Regulating Driveways and Driveway Accesses. The application for a driveway access permit in this manner is incorporated into this permit by reference.

Special Provisions:								
Culvert Required:		Yes			No			
Other:								
In the event that the months of the date of is issued by the Town	f the issu	ance of thi	s permit,	this	ermit becomes	•		
Signature of L	.ake Emma To	own Chair						

For Office Use Only		
Date Paid:	Check/Cash/Other:	
Signed:	Receipt No:	