

TOWNSHIP OF BROCKWAY

43710 85th Avenue North
Rice, MN 56367

Road Authority: Duane Douvier, Supervisor
Phone: 1-320-290-4853

Township Phone: 1- 320-393-3770

APPLICATION FOR ROAD AND ACCESS PERMIT

Permit Number: 20__ __

Owner Name: _____

Mailing Address: _____

Telephone(s): _____

Applicant Name: _____ Telephone(s): _____

Address and Location of Driveway / Access: _____

911 Numbers: _____ Parcel Code Number: _____

Purpose of Driveway / Access: ___Residence ___Commercial (Specify Type) ___Other (Specify Type)

Property Platted? ___No ___Yes Date Proposed Entrance Needed _____

Number of present driveways to property: _____

Contractor: _____ Address: _____

I/we, the undersigned, herewith make application for permission to construct the driveway / access at the above location, said entrance to be constructed in accordance with Brockway Township Road and Access Ordinance adopted November 6th, 2007 and to any special provisions included in the permit. It is agreed that all work will be done to the satisfaction of the Town Road Authority. 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 town road to its original or satisfactory condition. It is further understood that this permit is issued subject to the approval of the Brockway Township Road Authority.

Date

Signature of Applicant

Special Provisions, if any:

Date: _____

Approval of Road Authority: _____

ROAD & ACCESS PERMIT: FINAL APPROVAL

Final Approval of the constructed driveway / access entrance: _____

This approval will authorize the return of the construction deposit from Brockway Township at the regular monthly meeting when warrants are issued. Any return of less than the total amount of the deposit will be explained and documented.

Date: _____ By: _____
Brockway Township, Chair

Attest: By: _____
Brockway Township, Clerk/Treasurer

Brockway Check #: _____ Amount Refunded: _____ Date Issued: _____