



**TOWN OF BROCKWAY  
COUNTY OF STEARNS  
STATE OF MINNESOTA**  
[WWW.BROCKWAYTOWNSHIP.GOV/OFFICE.COM](http://WWW.BROCKWAYTOWNSHIP.GOV/OFFICE.COM)

**APPLICATION FOR  
DRIVEWAY INSTALLATION**

Date: \_\_\_\_\_, 20\_\_\_\_

Landowner Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Primary Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Primary Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Address of Work Site: \_\_\_\_\_ Parcel ID#(s): \_\_\_\_\_

Other Location Detail: \_\_\_\_\_

\_\_\_\_\_

**A. Road Type (to which the driveway will connect)**

Township \_\_\_\_\_ County (**STOP here** – You will need to obtain approval from Stearns County. No Township approval is required.)

**B. Purpose of Driveway / Access:**

Residential                      Commercial                      Industrial                      Agricultural

Other \_\_\_\_\_

**C. Type of Driveway Installation**

Gravel (min. 6 inches of Class 5 aggregate required)                      Paved/Concrete

**D. Driveway Number and Spacing:**

# Existing Driveways \_\_\_\_\_ # Proposed Driveways \_\_\_\_\_ Spacing from Nearest Driveway (feet) \_\_\_\_\_

**D. Tree/Brush Clearing Needed Within Right of Way:**

Yes                      No

Describe: \_\_\_\_\_

\_\_\_\_\_

**C. Culvert Type/Dimensions:**

Type: Corrugated Steel (required unless waived by the Town Board)                      Min. Diameter: 15 inches                      Δ Culvert Length (feet): \_\_\_\_\_

Comments/Special Requests: \_\_\_\_\_

\_\_\_\_\_

**E. Property is Platted:**

Yes                      No                      Plat Name: \_\_\_\_\_

**E. Time Frame for Work:**

Start Date: \_\_\_\_\_

Completion Date: \_\_\_\_\_

**F. Method of Right of Way Restoration:**

Hand Seeding

Hydro Seeding

Sod

Other \_\_\_\_\_

**Required Submittals:**

Site Plan: Show location of proposed work and relevant reference points – right of way boundaries, shoulder/curb lines, existing driveways on either side of road, approximate property lines, etc.

Permit Application Fee: \$100 (make checks out to “Brockway Township”)

Deposit: \$1,450 (to be returned to applicant when work has been completed and approved by the Township Right of Way Director – make check out to “Brockway Township”)

- o *\*NOTE: One check may be written for both the permit and application fee.*

Submittal: Mail/drop of application at Brockway Town Hall, 43710 85<sup>th</sup> Avenue North, Rice, MN 56367

**Approval Process:**

Applications are reviewed by the Brockway Township Right of Way Director upon receipt.

Applicant shall submit a claim for refunding of the deposit upon completion of the project, subject to the inspection by the Township Right-of-Way Director. See attached form.

I/We, the undersigned, herewith make application for permission to install a driveway(s) as described in the above application at the above location(s), said work to be constructed in accordance with all current and applicable Brockway Township Ordinances and to any special provisions included in the permit. 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 Right-of-Way to a satisfactory condition. It is further understood that this permit is issued subject to the approval and satisfaction of the Brockway Township Right of Way Director.

Applicant Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Refer to the Brockway Township Road and Access Ordinance for full requirements of Brockway Township.**

***Approved for Construction by the Brockway Township Right of Way Director:***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fee Received: \$100                      Date Received: \_\_\_\_\_                      Check No.: \_\_\_\_\_

Deposit Received: \$1,450                      Date Received: \_\_\_\_\_                      Check No.: \_\_\_\_\_

Special Requirements/Conditions of Approval: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Permit Expires Sixty (60) Days from Date of Approval**

**\*\*Contractor shall contact the Brockway Township Right of Way Director at least 72 hours prior to initiation of construction AND after restoration of area for final review.\*\***

**Right of Way Director: Duane Douvier – (320) 290-4853**

**CLAIM FOR PAYMENT FROM  
BROCKWAY TOWNSHIP  
STEARNS COUNTY, MINNESOTA**

*To be completed by the claimant or by the town clerk upon authorization of the board.*

Date: \_\_\_\_\_

Name of Claimant: \_\_\_\_\_

Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Description of Requested Payment	Amount
Refund Driveway Construction Deposit	\$ 1,450.00
<i>Parcel ID of Driveway Location:</i>	
<i>Address of Driveway Location:</i>	
<b>TOTAL</b>	<b>\$ 1,450.00</b>

**DECLARATION**

I declare under the penalties of law that this account, claim, or demand is just and correct and that no part of it has been paid.

Date: \_\_\_\_\_ Signature of Claimant: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Right of Way Director: \_\_\_\_\_

*Do not write below: To be completed by township officials only.*

Filed with the Township of Brockway on \_\_\_\_\_, 20\_\_.

Audited by the Town Board and allowed in the sum of \$1,450.00 minus \$\_\_\_\_\_ for costs incurred by the Township for restoration not completed by the applicant on \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Town Board Chair

\_\_\_\_\_  
Attest: Brockway Township Clerk

Paid by Brockway Township Check Number: \_\_\_\_\_

Fund	Account Number	Object Code	Amount