



4141 Douglas Dr. N.
 Crystal, MN 55422
 Phone: 763-531-1000
 Website: www.crystalmn.gov
 customerservice@crystalmn.gov

Application for Driveway Permit

Date _____ Permit No. _____ Rec'd by/date _____

Site Address	_____
Tenant/Bldg Name	_____

Applicant: Owner _____ Contractor _____

Property Owner	Name/Company _____ Phone No. _____
	Address _____
	City _____ State _____ Zip _____
Contractor	Company _____ Phone No. _____
	Address _____
	City _____ State _____ Zip _____
	Contact Person (Print) _____ Phone No. _____
	E-mail Address _____

Note: 2 detailed drawings and site plans with dimensions must accompany this application.

Permit Sub-Type:	<input type="checkbox"/> 01 – Driveway
Work Type:	<input type="checkbox"/> 01 - New <input type="checkbox"/> 03 - Alteration
	<input type="checkbox"/> 04 – Repair <input type="checkbox"/> 08 – Remove/Install
Office Use Required Inspections	<input type="checkbox"/> 15 - Final <input type="checkbox"/> 17 - Form

NOTE: CURB AND GUTTER/CURB OPENING WORK REQUIRES A SEPARATE PUBLIC WORKS RIGHT-OF-WAY PERMIT AND \$1,000 ESCROW.

Description of Work: _____

Size of Opening: _____ Does the street have **curbs**? Yes No

Type of Material: Concrete Blacktop Other _____

Plan Review Submittal Checklist

_____ Completed Application

_____ Two copies of Survey or Site Plan drawn to scale, indicating:

- lot dimensions
- location and dimensions of **existing** driveway and structure(s), including all buildings, sheds, garages, decks, patios, sidewalks, and driveways
- location and dimensions of the **proposed** driveway
- setback measurements from property lines (see site plan handout)

The undersigned hereby certifies upon all of the penalties of the law, for the purpose of including the City of Crystal to take the action herein requested, that all statements on this application have been read and examined and are true and correct, and that all work whether specified herein or not will be done in accordance with the ordinances of the City of Crystal and the laws of the State of Minnesota.

_____/_____
 Applicant's Signature/Date

Permit Approved By:

Date Approved:

Community Development

Engineering (if applicable)

<u>Office Use Only</u>	
Permit Fee	\$ _____
Other	\$ _____
Escrow (for curb cut)	\$ _____
Total Fees	\$ _____