

**Payment and Approval**Fee= \$100 ☐ Paid Date: _____

Preliminary Approval by Public Works

_____ Date: _____

Final Construction Approval by Public Works

☐ Mailbox ☐ Driveway

_____ Date: _____

DRIVEWAY PERMIT

(Please Attach Plan to This Form.)

DATE: _____

APPLICANT/OWNER OR BUILDER: _____

SITE ADDRESS: _____

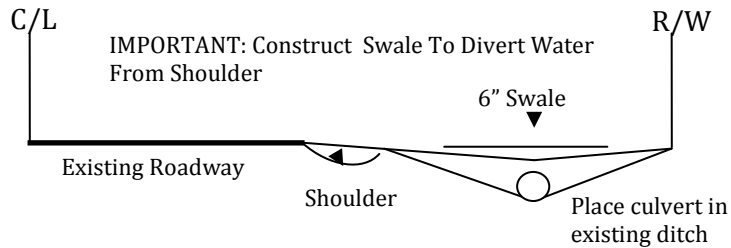
PHONE NUMBER (Home #): _____ (Cell #): _____

Email: _____

Base material must be applied to driveway **BEFORE** excavation of basement, to eliminate tracking of mud on roadway. For further information, please refer to "Driveway Specifications."

Sight Distance: _____

Drainage: _____



- **BEFORE FINAL INSPECTION OF THE STRUCTURE, CALL 763-479-0530 FOR DRIVEWAY INSPECTION**

*Please see the attached instructions for complete driveway requirements.

- **MAILBOX MUST BE INSTALLED BEFORE FINAL APPROVAL OF DRIVEWAY.**

☐ Mailbox☐ PO Box (No Mailbox Needed)

*Please see the attached instructions for complete Mailbox requirements.

Signature of Applicant_____
Date

Please send all driveway permits to Ben Lehman, PW Supervisor: blehman@ci.independence.mn.us

763-479-0527 (Phone)

1920 County Road 90
Independence, MN 55359
<http://independence.govoffice.com>

763-479-0528 (Fax)