

**PERMIT APPLICATION FOR ACCESS TO TOWNSHIP ROAD**  
*Total Amount Due must be paid at time of application*

The **Total Amount Due** line below to be filled out by the **Applicant**:

Fee / Deposit	Fee Amount	
<b>Inspection Fee</b>	<b>\$110.00</b>	
<b>Construction Deposit</b>	<b>\$500.00</b>	
<b>Mailbox Support</b> <i>Ordinance: ORD-2022-009</i>	<b>\$200.00</b>	<b>Swing-Away support installed by Township. For residential or commercial permits only.</b>
<b>Total Amount Due:</b>		Check # _____ Date:    /    /

Please pay **Total Amount Due** by check payable to **Clear Lake Township**.  
The **Construction Deposit** will be mailed to you with a Township check, dependent on inspections and guidelines as noted below.

If the work is not completed as outlined, costs incurred by the Township to remove or complete the construction will be deducted from the **Construction Deposit**. The Permit is valid for one year from payment receipt date; it is the applicant's responsibility to extend or renew the permit if needed. The Construction Deposit will be forfeited after one year if not extended or renewed.

**PLEASE PRINT**

Applicant Name: \_\_\_\_\_  
Address: (Street, City, Zip) \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Property Owner: \_\_\_\_\_  
Address: (Street, City, Zip) \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Proposed Access Location (Street Name): \_\_\_\_\_ miles/feet N-E-S-W  
of Intersecting Street (Name): \_\_\_\_\_

Legal Description: Located in \_\_\_\_\_ Quarter of Section \_\_\_\_ Township 34 Range \_\_\_\_ or  
Located in Plat of (Name): \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_  
Parcel Identification Number: 20-\_\_\_\_\_-\_\_\_\_\_  
Property Address: \_\_\_\_\_

Access Purpose: Residential \_\_\_\_\_ Commercial \_\_\_\_\_

Number of Present Accesses: \_\_\_\_\_ **Date Access will be Installed:** \_\_\_\_\_

**MORE THAN ONE DRIVEWAY ACCESS PER PROPERTY  
REQUIRES TOWNSHIP BOARD APPROVAL**

**Please attach a sketch of the property, present & proposed accesses in relation to intersecting roads.**

CLEAR LAKE TOWNSHIP  
P O Box 305  
CLEAR LAKE, MN 55319  
TELEPHONE (320) 743-2472  
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I (we) the undersigned, herewith make application for permission to construct the access at the above location, said access to be constructed to conform to current Township Engineering Standards. 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 Township Road to its original condition.

**Further**, I (we) the undersigned, have received a copy of the Town Road Rights-of-Way Ordinance **ORD-2011-005**, current Township Engineering Standards and Minnesota Statute 160.2715 Particular use of Right of Way; Subdivision 5, Misdemeanors.

**Further**, mailbox support installations are required pursuant to Ordinance: ORD-2022-009.

**Signed:** \_\_\_\_\_ **Name (Print):** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Address:** \_\_\_\_\_

Please enter the Mailing Address below where you wish to have the Construction Deposit returned to after receiving the Final Inspection Approval.

**Mailing Address** > \_\_\_\_\_  
>

**APPLICANT MUST SUBMIT A COPY OF THIS PERMIT TO SHERBURNE COUNTY PLANNING AND ZONING. PHONE: 1-800-438-0578 EMAIL: zoning@co.sherburne.mn.us**

**PERMIT APPLICATION INSPECTIONS DONE BY APPOINTMENT ONLY  
CONTACT TOWN HALL AT (320) 743-2472**

**THE FOLLOWING INFORMATION FOR TOWNSHIP USE ONLY:**

Date of Initial Inspection: \_\_\_\_\_

Right-of-Way Width: Feet: \_\_\_\_\_ Total Width: \_\_\_\_\_ From Centerline: \_\_\_\_\_

Culvert/with aprons required: Yes \_\_\_ No \_\_\_ Size \_\_\_\_\_

Drive access conforms to current engineering standards Yes \_\_\_\_\_ No \_\_\_\_\_

Initial Inspection: Approved \_\_\_\_\_ Denied \_\_\_\_\_

Initial Inspection: Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Initial Inspection Comments:

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Final Inspection: Approved \_\_\_\_\_ Denied \_\_\_\_\_

Final Inspection: Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Final Inspection Comments:

Refund Deposit: Approved \_\_\_\_\_ Denied \_\_\_\_\_

\_\_\_\_\_