

DRIVEWAY PERMIT APPLICATION

Permit Number: _____

Site Information

Site Address:	Date:
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Property Owner

Name:	Address:
Phone:	City:
Email:	State/Zip:

Contractor

Company Name:	License #:
Contact:	Address:
Phone:	City:
Email:	State/Zip:

Will you be digging in the Right-Of-Way? Call Gopher State One; call 2 business days before you dig!!! 651-454-0002 or visit www.gopherstateonecall.org

Description of Work: *(Please See Back for Residential Driveway Detail)*

Requirements:
A copy of Survey, Site Plan or Aerial (City *may* have survey on file) indicating:

1. Lot dimensions.
2. Location and dimensions of existing driveway and structures, including all buildings, sheds, garages, decks, patios and sidewalks.
3. Location and dimensions of the proposed driveway.
4. Setback measurements from the property lines.
5. Location of water curb stops; must be brought to surface.
6. A site inspection is required before installing the driveway.
7. Location of raised curb at street. Please contact Public Works at 763-689-1800 to schedule a curb inspection. *Curbs cannot be modified without approval from Public Works.*

The undersigned hereby represents upon all of the penalties of the law, for the purpose of including the City of Cambridge to take action upon the herein request, that all statements are true and that all work herein will be done in accordance with the ordinances of the City of Cambridge and the State of Minnesota.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordincances governing this type of work will be complied with.

Applicant Signature:	Date:
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Zoning Approval