



PERMIT APPLICATION FOR SECONDARY ACCESS TO TOWNSHIP ROAD

BECKER TOWNSHIP, SHERBURNE COUNTY, MINNESOTA

12165 Hancock Street, PO Box 248, Becker, MN 55308

T: 763.261.5301 F: 763.261.5303 Web: Beckertownship.org Email: clerk@beckertownship.org

For Office Use Only

Permit Number _____

Township Road _____

Inspection fee required \$ 110.00

Paid by: _____ ☐ Cash ☐ Check # _____ Date: _____

Construction Deposit \$ 500.00

Paid by: _____ ☐ Cash ☐ Check # _____ Date: _____

Inspection Fee and Construction Deposit Due at time of application

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.

Applicant Name: _____ Phone: _____ Fax: _____

Address (Street, City, Zip): _____

Property Owner: _____ Phone: _____

Address (Street, City, Zip): _____

Email: _____

Proposed Access Location (Street Name) _____ Miles/feet N-E-S-W of

Intersecting Street (Name): _____

Legal Description: Located in _____ Quarter of Section _____ Township _____ Range _____ or Located in Plat (name): _____

Parcel Identification Number 05— _____ - _____

Property Address: _____

Access Purpose Residential _____ Commercial _____

Number of present accesses: _____ Date access will be installed: _____

Attach a sketch of the property, present & proposed accesses in relation to intersecting roads

- 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.
- This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.
- I HEREBY CERTIFY that I have no delinquent property taxes, special assessments, penalties, interest, or municipal utility fees due on the parcel to which the application relates. I am also aware that the property taxes which are being paid under the provisions of a court order or which are in the process of being appealed are not considered delinquent for purposes of this law if all payments under the terms of the order or appeal have been paid. I FURTHER CERTIFY that if I am in violation of this requirement, the Town of Becker may deny the permit application by law.
- 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 ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.
- Further, I (we) the undersigned, have received a copy of the current Township Engineering Standards and Minnesota Statute 160.2715 Right of Way Use, Misdemeanors.

Signed: _____ Name (print): _____ Date: _____



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Authorization of Permit

In **consideration** of the applicant's agreement to comply in all respects with the regulations of the Township covering such operations, permission is hereby granted for the work to be done as described in the above application. Said work to be done in accordance with the general conditions listed in Engineering Standards.

It is **expressly understood**, that this permit is conditioned upon replacement or restoration of the Township Road and its right-of-way to their original condition. It is further understood that this permit is issued subject to the approval of local city or county authorities having joint supervision over said street or highway.

APPROVED BY: _____ DATE: _____

AFTER ALL WORK & RESTORATION IS COMPLETED, SIGN AND DATE AND RETURN A COPY OF THIS FORM TO BECKER TOWNSHIP. This indicates that your driveway is fully complete and ready for inspection. You do not need to be present for inspection.

Date Completed: _____

Signature: _____

Contact Phone number if changed: _____

Drop off or Mail

 Becker Township
12165 Hancock Street
Becker, MN 55308

Email

 Clerk@BeckerTownship.org

Fax

 763-261-5301

This section office use only

Date of Inspection

☐ Approved

☐ Denied

Installation eligible for return of Construction Deposit?

☐ Yes

☐ No

Deposit check will be destroyed unless applicant requests it's return by contacting Township Office at 763-261-5301

Deposit check to be cashed. See comments below.

Inspection Comments:

Date

Signature