

Eureka Township / 25043 Cedar Avenue, Farmington MN 55024
Phone: (952) 469-3736 / Email: deputyclerk@eurekatownship-mn.us

| | | | | |
|---|--|--|----------------|---------|
| SITE INFORMATION Eureka Township | | PIN# | | Permit# |
| Site Address: | | City | | Zip |
| PROPERTY OWNER INFORMATION | | | | |
| Name | | Email | | Phone |
| Address | | City | State | Zip |
| CONTRACTOR INFORMATION | | | | |
| Applicant Name | | | License Number | |
| Contact Person | | Email | | |
| Address | | City | State | Zip |
| Cell Phone | | Day Time Phone | | Fax |
| TOWNSHIP / LOCAL GOVERNMENT | | | | |
| Permit complies with the Wetland Conservation Act subject to the following conditions: | | | | |
| Dakota County Shoreland/ Letter or Permit | | Vermillion River Watershed/ Letter or Permit | | Date |
| TYPE OF WORK | | | | |
| <input type="checkbox"/> New Driveway <input type="checkbox"/> New Culvert | | | | |
| CONSTRUCTION INFORMATION | | | | |
| Driveway Approach Material: _____ Sq. Ft.: _____ Culvert Size: _____ Nearest intersection: _____ Nearest driveway on same side of street: _____ Estimated cost of materials: \$ _____ Project Description: | | | | |

Applicant hereby agrees that, upon issuance of this permit, all work shall be done and all materials used shall be in compliance with all applicable township, city and county ordinances. The applicant agrees to abide by all zoning regulations and to utilize this structure for its permitted use. Signature of this application by the legal property owner or owner's representative is required and authorizes the Township Zoning Administrator or designee and the Building Official or designee to enter upon the property to perform needed inspections. Entry may be without prior notice.

The property owner agrees to pay all plan review fees even if he/she chooses not to proceed with the work. Permit expires when work is not commenced within 180 days from date of permit, or if work is suspended, abandoned or not inspected for 180 days. Work beyond the scope of this permit, or work without a permit or inspection will be subject to penalty.

| | |
|----------------------------|-------|
| Signature of Applicant: | Date: |
| Printed Name of Applicant: | |

Township Use Only

Deputy Clerk: _____ **Date:** _____

Complete **Date:** _____ Incomplete **Notification sent:** _____

Notes:

Zoning Administrator: _____ **Date:** _____

| |
|--|
| Application Fee \$ |
| Date Paid: |
| Receipt # |
| <input type="checkbox"/> Cash <input type="checkbox"/> Check # |

| | |
|------------------|----|
| Permit Valuation | |
| Inspection Fee | \$ |
| Other | \$ |
| Total Fees | \$ |

Special Conditions of Permit:

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| |
| |

Town Board Road Supervisor Approval:

Signature

Date

Notes: