

Type of Material:

4141 Douglas Dr. N. Crystal, MN 55422 Phone: 763-531-1000

Website: www.crystalmn.gov customerservice@crystalmn.gov

Application for **Driveway**Permit

Date	Permit No		I	Rec'd by/date	
Site Address					
Tenant/Bldg Name					
Applicant: Owner	Contractor	_			
Property Owner	Name/Company	Name/Company		Phone No.	
	Address				
				Zip	
Contractor		ompany Phone No			
	Address				
	City		State	Zip	
	Contact Person (Prin	Contact Person (Print)		Phone No	
	E-mail Address	E-mail Address			
Note: 2 copies of a		mpany this applicatio			
Permit Sub-Type:		□ – Driveway			
Work Type:		□ - New	☐ - Resurface		
		□ – Repair	☐ - Expansion/Auxiliary space		
Office Use Required Inspections		□ 15 - Final	□ 17 - Form		
				O TO BE ALTERED, A SEPARATE T ALSO BE SUBMITTED.	
Description of Work:(Driveway is being resurfaced within the same footprint; the driveway is widened, or an auxiliary space is being added)					
Size of Opening: Does the street have curbs? □ Yes □ No					

☐ Concrete ☐ Blacktop ☐ Other ____

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Completed Application	
Two copies of property survey or site plan	drawn to scale, indicating:
 Setback measurements from property 	ting structures, including buildings, garages and driveways. y lines. If the driveway is proposed to be expanded adjacent ow the location of that property line on the site plan (if you perty surveys handout).
	nalties of the law, for the purpose of including the City of statements on this application have been read and examined
ordinances of the City of Crystal and the laws of the	
	e State of Minnesota.
ordinances of the City of Crystal and the laws of the	Applicant's Signature/Date
Permit Approved By:	Applicant's Signature/Date
Permit Approved By:	Applicant's Signature/Date
Permit Approved By: Community Development	Applicant's Signature/Date Date Approved:
Permit Approved By: Community Development	Applicant's Signature/Date
Permit Approved By: Community Development	Applicant's Signature/Date Date Approved: Office Use Only