

CITY OF AFTON DRIVEWAY PERMIT APPLICATION

Owner	Address	City	State	Zip	Phone
_____	_____	_____	_____	_____	_____
Applicant (if different than owner)	Address	City	State	Zip	Phone
_____	_____	_____	_____	_____	_____
Project Address					
AFTON MN 55001					
Zoning Classification	Existing Use of Property	PID# or Legal Description			
_____	_____	_____			
Description of Request _____					

By signing this application, the applicant agrees to pay all expenses incurred by the City of Afton. In connection with this request, applicant signature constitutes permission for a representative of the City of Afton to enter project property, during business hours, to evaluate this request. This may involve minor excavating or soil borings. If you would like to be present during this evaluation, please contact the City: 651-436-5090.					
Signature of Owner/Applicant					Date
_____					_____
<u>FEES:</u>		<u>ESCROW:</u>			
Driveway (B. Insp)	\$250.00	Driveway	\$1,500.00	TOTAL:	_____
				DATE PAID:	_____
				CHECK #:	_____
Make checks payable to: City of Afton				RECVD. BY:	_____
ATTACH COPY OF DEED OR PROOF OF OWNERSHIP TO APPLICATION					

I understand and hereby agree that the work for which the permit is issued shall be performed according to the following: (1) the conditions of the permit, (2) the approved plans and specifications, (3) the applicable city approvals, ordinances and codes, and (4) the state building code.

I understand that the permit will expire if work is not started within 180 days, or if work is suspended or abandoned for a period of 180 days anytime after work has commenced. I understand that I am responsible for ensuring that all required inspections are requested at least 24 hours in advance and in conformance with the state building code.