

**CORINNA TOWNSHIP
WRIGHT COUNTY
STATE OF MINNESOTA**

APPLICATION FOR DRIVEWAY OR FIELD APPROACH PERMIT

INFORMATION TO BE PROVIDED BY PROPERTY OWNER:

Name of Property Owner _____

Address _____ City _____

Telephone No. _____

Purpose of Driveway [circle one]: Residence, Commercial, Field Entrance

Is a Building to be Constructed: Yes _____ No _____

Is The Property: Platted Unplatted

Is The Land [lower, higher, or level] with the road? [circle one]

Number of Present Driveways on Property _____

Date Proposed Driveway will be Needed _____

Location of Present Driveways to Property _____

Location of Proposed Driveway to Property _____

Contractor to Build Driveway _____

Address _____ City _____

Telephone No. _____

PLEASE TAKE NOTICE

- A. If application is approved, Property Owner agrees to abide by all of the terms and conditions outlined in Township's "Ordinance Regulating Construction And

Maintenance Of Driveways/Culverts Within The Township” in addition to any other permit conditions contained in the general remarks section of the permit.

- B. Permit will expire 6 months from date of application if the driveway has not been constructed.
- C. Property Owner, his successors and assigns, as a condition precedent to obtaining permit approval, hereby agrees to hold harmless, indemnify and defend Corinna Township, its officers and agents, from any and all liability and claims concerning the herein above described permit request, the construction of the subject driveway or entrance work, and the finished driveway or entrance.
- D. Property Owner agrees to abide by all of the terms and conditions outlined in Township’s “Ordinance Regulating Construction And Maintenance Of Driveways/Culverts Within The Township” in addition to any other permit conditions contained in the general remarks section of this permit application.

Date _____ Signature of Property Owner _____

PLEASE RETURN COMPLETED APPLICATIONS TO:

Corinna Township
Mary Barkley Brown, Clerk
9801 Ireland Avenue N.W.
Annandale, MN 55302
Phone: (320) 274-8049

INFORMATION TO BE FILLED IN BY THE TOWNSHIP:

Permit No. _____ Date Issued _____

Date of Initial Inspection _____

Name of Person Conducting Initial Inspection _____

General Remarks _____

Date of Final Inspection _____

Name of Person Conducting Final Inspection _____

Approved or Not Approved _____

General Remarks _____

Date Completed Work Approved _____

General Remarks _____
