

Town of May
Street or Driveway Access Permit Application

Mail or Email completed forms to:

Town of May
PO Box 60
Marine on St. Croix, MN 55047
bobbi@townofmay.org

OFFICE USE ONLY:	
Date Issued:	_____
Permit Number:	_____
Two Sets of Plans Received:	_____
Permit Fee:	_____
Check Number:	_____

Questions: 651-351-5051 or inspjack@msn.com

Home Owner Name and Telephone Number: _____

Project Address: _____

PID from Washington County Tax Statement: _____

Permit/Contractor Applicant: _____

Permit/Contractor Mailing Address: _____

Contractor License No. _____

Contractor Telephone Number & Email: _____

Purpose for Access: Street ___ Driveway ___ Field Entrance ___ Commercial ___

Is a Building Being Constructed? _____

Will the Building be: Temporary _____ Permanent _____ Property is: Platted _____ Unplatted _____

Distance from Center of Highway to front of Building in feet: _____

Number of Present Driveways on Property: _____

Dated Needed: _____

Estimated Completion Date: _____

Give exact location of proposed driveway to property: _____

Give exact location of present driveway to property: _____

The undersigned makes application for permission to construct the access at the above location, said access to be constructed to conform with the regulations of the Town of May and to any special provisions included in the permit. It is agreed that all work will be done to the satisfaction of the Town of May. 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 highway to its original or to a satisfactory condition. This permit is non-transferable.

Signature of Applicant (*if agent, print principal's name and sign as agent*) Date

Permission is hereby granted for the construction of the driveway as described in this application, said driveway is to be constructed in accordance with the regulations of the Town of May and subject to the above requirements and special provisions.

All work to be completed by: _____ . Culvert Size: _____x_____ culvert and _____apron.

Approved by: _____

Copies to Applicant, Building Inspector, Town of May