

Residential Driveway Access Permit

This application must be accompanied by a sketch or site plan

Applicant Name **Meadow Creek Construction**
Address **PO box 308 anoka mn 55303** City/State
Phone **7636707459** Email **Mike.pomellian@gmail.com**

I, (we), the undersigned, herewith accept the terms and conditions of the regulations as laid down by the County of Anoka and agree to fully comply therewith to the satisfaction of the Anoka County Transportation Division. The County of Anoka, its officials, and employees, shall be held harmless, by the permit holder, from any demands, claims or suits arising out of granting of the permit.

Applicant Signature

Date

For office use only

Location of Driveway

EAST SIDE
CSAH 28

Property is

Right of Access Dedication

(if yes, County Board action required)

Proposed width of driveway

Minimum 16', Maximum 24'

Surface Type

Is a culvert needed?

Length

Aprons

Diameter

Bands

AUTHORIZATION OF PERMIT

In consideration of the applicant's agreement to comply in all respects with the regulations of the ACTD covering such operations, permission is hereby granted for the work to be done as described in the above application. Said work is to be done in accordance with the general conditions listed above and the special conditions required as hereby stated. It is expressly understood that this permit is conditioned upon replacement of, and restoration of the County Highway and its right of way to its original or to a satisfactory condition.

Approved By

Date

THIS PERMIT COVERS THE RIGHT OF WAY IN ANOKA COUNTY ONLY
ACTD reserves the right to make changes to these special conditions.