



# Driveway Permit Application

Permit No: \_\_\_\_\_

23340 Cree Street NW  
St. Francis, MN 55070  
Phone: 763-753-2630  
Email: [bldginsp@stfrancismn.org](mailto:bldginsp@stfrancismn.org)

**Minimum of 2 Days' Notice Required for Inspections**

Site Address: \_\_\_\_\_

Property Identification Number: \_\_\_\_\_ # of Acres: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/State: \_\_\_\_\_ City/State: \_\_\_\_\_

Homeowner email: \_\_\_\_\_ Applicant email: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

***Certificate of survey or an accurate, dimensioned site plan showing location of proposed driveway/parking pad.***  
(First 5' of driveway may not exceed 24' width at street)

Project Type:  Driveway  Parking Pad (Less than 500 sq. ft.)  New/Extension  
 Full Replacement  Relocating

Sq. Ft. of Proposed Surface: \_\_\_\_\_ Sq. Ft. of Lot: \_\_\_\_\_

Surface Type:  Bituminous  Concrete  Pavers  Similar  Class 5

Use: \_\_\_\_\_

The undersigned acknowledges that he/she has read this application and the above information is correct and accurate. Applicant also understands by signing this application that he/she could be held responsible as representative of this project for any violation of compliance with all applicable laws and ordinances of the City of St, Francis.

\_\_\_\_\_  
Signature of Applicant or Authorized Agent      Print Name of Applicant      Date

Notice: This is an **application** only. Permit will be issued after City approval and payment of fees.  
**Work is not authorized to begin prior to issuance.**

\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*

<b>Signatures Required:</b>	<b>Signature/Date</b>	<b>Fees:</b>
Zoning:	_____	Total Fees: Under 75' - length \$50 + \$250 Escrow Over 75' - length \$ 100 + \$500 Escrow Over 600' - length \$350 + \$2000 Escrow
Building:	_____	