

DRIVEWAY PERMIT APPLICATION

APPLICANTS/CONTRACTORS NAME:	
PERSONS PERFORMING	WORK:
LICENSE #:	GOPHER ONE-CALL REG. #:
ADDRESS:	
TELEPHONE #:	EMAIL ADDRESS:
ADDRESS OF WORK SIT	`E:
PROPERTY OWNERS NA	AME:
TYPE OF WORK TO BE 1	PERFORMED:
	CONSTRUCTION:

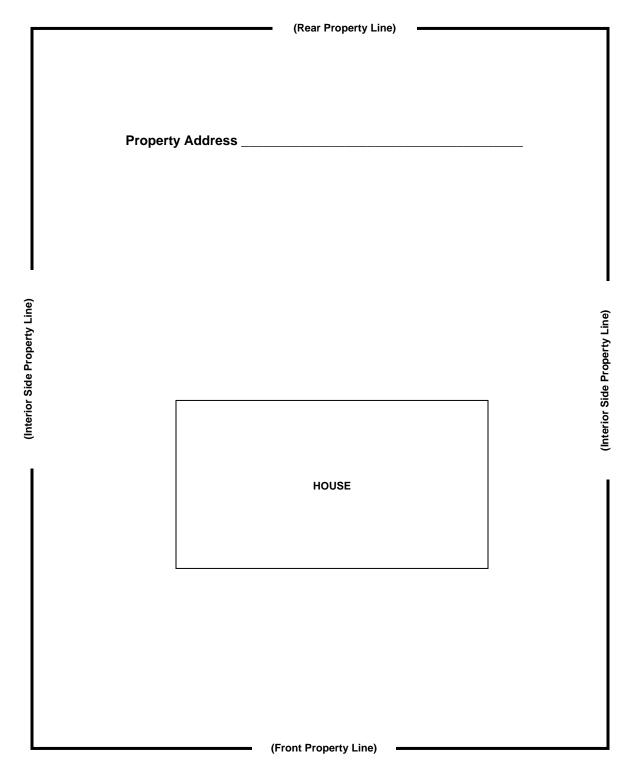
You need to attach a scaled drawing showing the location of the proposed project.

Your site will be inspected on two (2) separate occasions; prior to construction and following construction. These inspections are to ensure Code compliance.

Date:

Applicant's Signature:

City of Centerville 1880 Main Street Centerville, MN 55038 www.centervillemn.com Telephone: (651) 429-4750 Fax: (651) 429-8629 Email: <u>ppalzer@centervillemn.com</u> or <u>dschmitz@centervillemn.com</u> Please indicate on the diagram below the location of the driveway, its width, and its distance from the nearest property line.



Curb 🛧