

Wabedo Township  
1535 Bargen Lane NE  
Longville, MN 56655

APPLICATION FOR DRIVEWAY ACCESS OR ENTRANCE APPROVAL

Applicant/Agent \_\_\_\_\_

Phone# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Location: Wabedo Township Road Name and location  
\_\_\_\_\_

Legal description of property: Township Name Wabedo Section # \_\_\_\_\_ Range \_\_\_\_\_

Purpose of driveway (residence, commercial, field, etc) \_\_\_\_\_

Date driveway will be needed \_\_\_\_\_ Number of present driveways on property \_\_\_\_\_

Other comments: \_\_\_\_\_

APPLICATION PROCESS

1. Complete this application, and include 1 check for \$600.00 payable to Wabedo Township.
2. Put up flags where culvert is to be placed and include a sketch of the proposed driveway. See attached Example Sketch.
3. Wabedo Township will check location to determine whether a culvert is required, and if required, the size.
4. Wabedo Township will return a copy of the application to the applicant indicating Wabedo Township determination.
5. I/ We the undersigned herewith make application for permission to construct the access driveway at the above location. Driveway to be constructed will conform with the standards of Wabedo Township. It is agreed that no work will be started until this application is approved. I have received a copy of the Wabedo Township Approach Policy.

Applications Signature: \_\_\_\_\_ Date \_\_\_\_\_

Applicant - do not complete this section, to be completed by Wabedo Township
Permit # _____ Permits end date _____
_____ No culvert required
_____ Culvert required Size _____ x _____
Approved _____ Date _____
Signature Wabedo Township Personnel

DRIVEWAY / FINAL INSPECTION APPROVAL

Final inspection approval of the constructed driveway entrance: \_\_\_\_\_

This approval will authorize the return of the remaining balance of the deposit from Wabedo Township at the next regular monthly meeting when warrants are issued.

Date: \_\_\_\_\_ By: \_\_\_\_\_ (Wabedo Township, Chair)

Attest: By: \_\_\_\_\_ (Wabedo Township, Clerk/Treasurer)

Wabedo Check #: \_\_\_\_\_ Amount Refunded: \_\_\_\_\_ Date Issued: \_\_\_\_\_