



## CITY OF MEDICINE LAKE

### DRIVEWAY PERMIT

10609 South Shore Drive  
Medicine Lake, MN 55441  
763-542-9701

[public\\_works@cityofmedicinlake.com](mailto:public_works@cityofmedicinlake.com)  
[www.cityofmedicinlake.com](http://www.cityofmedicinlake.com)

Attachments required: (See Driveway Permit Instructions for additional information)

- Site survey depicting existing conditions on the site and all pertinent legal information.
- Site plan: one PDF copy drawn and published to a scale of 1:20 but no smaller than 1:50

Fees: \$50.00; Escrow Fee: To be determined, up to \$500.

#### PROPERTY IDENTIFICATION

PROJECT ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_  
PID \_\_\_\_\_ ZONING DISTRICT \_\_\_\_\_  
COMPLETE PROPERTY LEGAL DESCRIPTION \_\_\_\_\_  
PROPERTY OWNER \_\_\_\_\_  
APPLICANT (IF NOT PROPERTY OWNER) \_\_\_\_\_  
PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
STREET \_\_\_\_\_ STREET \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

#### ACTION REQUESTED

PURPOSE OF PROPOSED ACTIVITY \_\_\_\_\_  
\_\_\_\_\_  
TYPE AND AMOUNT OF MATERIAL TO BE EXCAVATED/GRADED/FILLED \_\_\_\_\_  
\_\_\_\_\_  
CITY STREETS OVER WHICH MATERIALS AND EQUIPMENT WILL BE HAULED \_\_\_\_\_  
\_\_\_\_\_  
PROJECT START DATE \_\_\_\_\_ PROJECT COMPLETION DATE \_\_\_\_\_

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. The undersigned agrees to take measures to ensure that the proposed activity will in no way jeopardize the public health, safety and welfare or is appropriately fenced to provide adequate protection and will further comply with all conditions prescribed by the City or its officers or agents. The undersigned agrees to comply with all conditions prescribed by the City or its officers or agents.

OWNER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

#### OFFICE USE ONLY

##### DISTRIBUTION:

City Planner \_\_\_\_\_  
City Engineer \_\_\_\_\_  
Public Works \_\_\_\_\_  
Other \_\_\_\_\_

#### APPROVALS

City Engineer \_\_\_\_\_  
Public Works/Parks \_\_\_\_\_

**INCOMPLETE APPLICATIONS WILL BE REJECTED**