



Driveway / Approach Permit Application

Application Fee \$50

Lynden Township, Stearns County, Minnesota
21367 County Road 44, Clearwater, MN 55320
320-281-9339 | www.LyndenMN.gov | Planning@LyndenMN.gov

To start the Driveway / Approach Permit application process, please follow these steps:

1. Fill out this application.
2. Attach a site sketch showing the driveway setbacks from adjacent driveways and lot lines.
3. Please two cones / landscaping flags showing the edges of your proposed driveway / approach.
4. Submit this application with site sketch along with the \$50 application fee

Property Information

Street Address: _____

Property Identification Number (PID#): _____

Zoning District: _____ Acreage: _____

Applicant Information

Name: _____ Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code : _____

Telephone: _____ Cell Phone: _____ Work: _____

e-mail: _____

Property Owner Information (If other than applicant):

Name: _____ Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code : _____

Telephone: _____ Cell Phone: _____ Work: _____

email: _____

Request Information (Driveway / Approach standards are per Ordinance #12):

Please note that the use below must be allowed under the zoning standards in Ordinance #7.

Residential Driveway (16 feet – 24 feet wide)

Commercial / Industrial (30 feet – 40 feet wide** at discretion)

Field Approach (minimum 16 feet wide)

Additional standards:

- The Lynden Township Right-of-Way is 33 feet from the centerline of the road. The same width must be throughout the Right-of-Way.
 - You must complete an application for each access if you would like multiple accesses.
 - Lynden Township uses the Minnesota Department of Transportation - Access Management Manual for access standards.
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Draw site sketch below or on a separate drawing to be included with this application:

- Distance from each side of the driveway to the property line
- Distance from adjacent driveways

I, the undersigned, hereby apply for the considerations described above and declare that the information and materials submitted in support of this application are in compliance with adopted Lynden Township policy and ordinance requirements and are complete to the best of my knowledge.

I understand that this application will be processed in accordance with established Lynden Township review procedures and Minnesota Statutes 462 at such time as it is determined to be complete. Pursuant to Minnesota Statutes 462, the Township will notify the applicant within fifteen (15) days from the filing date of any incomplete or other information necessary to complete the application. Failure on my part to supply all necessary information as requested by Lynden Township may be cause for denying this application.

Signature of this application authorizes Lynden Township employees or agents to enter upon the property to perform needed inspections or review. Entry may be without prior notice.

Signature of Applicant: _____ Date: _____

Signature of Property Owner: _____ Date: _____

Signature of Property Owner: _____ Date: _____

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

Date Application Received: _____ Received By: _____

Date Application Complete: _____ Check #: _____
(60-day review period starts from this date)

60-Day Review Period Ends: _____ Amount of check: _____

Permit Approved? Yes No Culvert Required? Yes No

Permit #: _____

Attach conditions / comments: _____

Township Signature: _____ Date: _____