

**LONG LAKE TOWNSHIP  
APPLICATION FOR ACCESS DRIVEWAY PERMIT**

Road name \_\_\_\_\_

Applicant \_\_\_\_\_ Address \_\_\_\_\_

Property owner \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Phone \_\_\_\_\_

Location of proposed driveway \_\_\_\_\_ miles NSEW of \_\_\_\_\_  
(Circle one) (road, landmark or intersection)

Purpose of driveway \_\_\_\_\_ Residence \_\_\_\_\_ Commercial (specify) \_\_\_\_\_

Is property platted? \_\_\_\_\_ No \_\_\_\_\_ Yes Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_

Number of present driveways to property \_\_\_\_\_

Date proposed driveway will be needed \_\_\_\_\_

Contractor \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, herewith make application for permission to construct the access driveway at the above location. Said driveway to be constructed to conform with the regulations of the Long Lake Board of Supervisors, and to any special provisions included in this permit. It is agreed that no work in connection with this application will be started until the application is approved. It is expressly understood that this permit is conditioned upon replacement or restoration of the roadway and ditches to its original or to a satisfactory condition.

Date \_\_\_\_\_

Signature of applicant \_\_\_\_\_

**A deposit of \$500.00, payable to Long Lake Township, must be made at the time of application for a standard width culvert. A deposit of \$1,000.00 must be made if any additional length or aprons are required. After final inspection and approval, the deposit will be refunded less the costs incurred by the township.**

Town of Long Lake  
c/o Patsy Olson, Clerk  
7156 Hilltop View Rd  
Brainerd, MN 56401