



DRIVEWAY PERMIT APPLICATION

Office Use Only:

Application Date: _____ Zoning District: _____ Permit #: _____ Fee: _____

Property Address: _____

Applicant Name: _____ Phone: _____

Applicant E-Mail Address: _____

Applicant Mailing Address: _____

Contractor Name: _____ Phone: _____

Contractor Mailing Address: _____

Property Owner Name: _____ Phone: _____

Property Owner Mailing Address: _____

New Construction (\$100 Fee)

Surface: _____

Side Yard Setback (FT.): _____

Width at Property Line (FT.): _____

Remove and Replace (\$50 Fee)

Surface: _____

Side Yard Setback (FT.): _____

Width at Property Line (FT.): _____

Please provide a sketch of the proposed driveway's location.

The undersigned hereby represents upon all of the penalties of law, for the purpose of inducing the City of Mendota Heights to take the action herein requested, that all statements herein are true and that work herein mentioned will be done in accordance with the Ordinances of the City of Mendota Heights, the State of Minnesota, and rulings of the Building Department.

Applicant Signature

Date

Staff Approval

Date

FIGURE 1E-1.1: DRIVEWAY REQUIREMENTS

