



## Application for Curb Cut/Driveway Apron Permit

### Project/Property Information

Location Address:			
Legal Address:	Lot:	Block:	Development:
PIN:			

### Applicant

Name:	Phone:
Address:	
Contact Name:	Contact Phone:
Contact Email:	

Proposed Work:      New: \_\_\_\_\_      Relocation: \_\_\_\_\_      Replace: \_\_\_\_\_

Construction is expected to begin on \_\_\_\_\_ and complete restoration on \_\_\_\_\_.

### Signature:

The undersigned agrees to accomplish all work in accordance with the standard detail plates available at the St. Joseph Government Center and to conform to any and all ordinances and regulations adopted by the City of St. Joseph.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**CURB MUST BE INSPECTED BEFORE CONCRETE IS POURED. INSPECTOR REQUIRES 24 HOUR NOTICE.**

**SINGLE FAMILY RESIDENTIAL ACCESS: WIDTH AT BACK OF APRON = 24' CMAX WITH 3' CONCRETE APRONS ON EACH SIDE.**

This permit is hereby approved by the City of St. Joseph on \_\_\_\_\_

\_\_\_\_\_  
(City Signature)

<p><b>Submit Application To:</b>  City of St. Joseph  Building Department  75 Callaway St. E  St. Joseph, MN 56374   Phone: 320.363.7201</p>	<p><b>OFFICE USE ONLY</b>  Permit Number: _____  Date Received: _____  Permit Effective Date: _____</p>
--	---