



2012 DRIVEWAY APRON / CURB or SIDEWALK CONSTRUCTION

City of Robbinsdale

4100 Lakeview Avenue North

Robbinsdale MN 55422

Phone (763)531-1268 Fax (763)531-1200

Applications and additional information can be emailed to: permits@ci.robbinsdale.mn.us

DATE: _____

APPLICATION / PERMIT #: _____

JOB ADDRESS: _____

OWNER:

NAME: _____

ADDRESS: _____

PHONE: _____

CONTRACTOR:

NAME: _____

ADDRESS: _____

PHONE: _____

CONTRACT VALUE OF WORK: \$ _____

ANTICIPATED DATE WORK IS TO BEGIN: _____

DESCRIPTION OF WORK: _____

The undersigned does hereby make application for permission to construct the above-described improvements on public property at the above noted location. It is expressly understood that this permit is conditioned such that the permittee agrees to perform the work in accordance with such ordinances, standards regulations and requirements of the City of Robbinsdale as are applicable to the work proposed; and to hold the City of Robbinsdale harmless from any and all claims for injury or damages which may arise as a result of any work performed under this permit. 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.

Signature: _____ Print Name: _____ Date: _____

(Contractor or Owner if owner is performing work)

** FEES **	
Permit Fee	\$ 50.00
Street Repair: (minimum 2' wide patch)	
\$10.00 x length of curb:	\$ _____
\$5.00 x each additional sq ft:	\$ _____
Other (Explain).....	\$ _____
Please refer to back of application for complete details of permit costs.	
Total Permit Fee \$ _____	

For City Use Only:

BONDING INFORMATION AND INSPECTION:

Amount of Bond: \$ _____

Type of Bond: _____

INSPECTION CHECKLIST:

Approved by: _____

Form Inspection: _____

Final Inspection: _____

Date Bond Returned: _____

Released By: _____

DRIVEWAY APRON / CURB or SIDEWALK CONSTRUCTION PERMIT PROCEDURE

LOCATION OF WORK: Should indicate either the street address, or legal description of the property.

DESCRIPTION OF WORK: Should include a brief description of the type of work and approximate size of job. (Example: replace 50 square feet of sidewalk; install 30 feet of curb and gutter; 15 foot wide driveway apron, etc.).

NAME OF CONTRACTOR: If a homeowner is doing the work, please attach an "owner/occupant" affidavit and write "self" under contractor information.

PERMIT FEE: \$50.00

BITUMINOUS REPAIR FEE: In addition to the permit fee, there is an initial fee of \$10.00 per L.F. for any bituminous removal/replacement along the driveway apron (for a minimum 2' wide bituminous patch). There will also be an additional charge of \$5.00 per Sq. Ft., for any bituminous removal/replacement beyond the 2' minimum width.

BOND:

DETERMINATION OF BOND AMOUNT:

If the <u>JOB COST</u> is;	the <u>BOND AMOUNT</u> is;
\$0 - \$500	\$500
\$500 - \$2,000	\$2,000
\$2,000 and over	\$5,000

The bond amounts are established by City Ordinance

APPROVAL: Approval *must* be obtained from the Engineering Department before the permit can be issued.

DISTRIBUTION OF PERMIT: Copy of permit goes to applicant after approval along with a copy of the Standard City Specifications and Requirements.

BOND RELEASE: After completion and approval of construction, the Engineering Department shall forward the bond back to the permittee and place the permit copy in the proper property file.

Date of bond return should be noted in appropriate section of the permit.

We accept MasterCard, Visa, American Express, Discover, cash or checks. For charge card payments, please use the attached "Charge Card Information Form".

CHARGE CARD INFORMATION

(We accept MasterCard, Visa, American Express and Discover)

1) To make a payment by charge card, please furnish the following information:

Type of Charge Card _____

Charge Account Holder's Name _____

Charge Account Number _____

Charge Card Expiration Date _____

2) For security purposes and to guard against fraud, we need the following information:

Numerical Address where Charge Card Bill is Mailed _____

(For example, if the charge card you are using has a billing address of 4100 Lakeview Ave. N., Robbinsdale, MN 55422, the "numerical address" entered on this line is; 4100)

Zip Code where Charge Card Bill is Mailed _____

(For example, if the charge card you are using has a billing address of 4100 Lakeview Ave. N., Robbinsdale, MN, 55422, the zip code entered on this line is; 55422)