



**STAR LAKE TOWNSHIP, COUNTY OF OTTER TAIL
STATE OF MINNESOTA
APPROACH AND CULVERT APPLICATION**

Applicant _____ Phone _____

Address _____ State _____ Zip _____

Project E911 Address _____

Section _____ Township 135 Range 041

Approach location and width must be marked. A 15-inch culvert (if needed) is the minimum diameter. Once marked, submit this completed application to clerk@starlaketownship.org or mail to **PO Box 61, Dent MN, 56528. Upon receipt, two supervisors will assess your project. Following assessment, you will be notified with the results via phone if the requested approach/culvert is approved or declined. Please allow two weeks after submitting for your project to be reviewed.**

It is recommended that a licensed contractor does the work on any culvert installation or replacement. Culvert failure is the responsibility of the property owner.

Agreement: I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND I AGREE TO DO THE WORK AS DESCRIBED AND MARKED, PROVIDING A MINIMUM 15 INCH CULVET IF NEEDED. I FURTHER AGREE THAT ANY PLANS AND SPECS SUMITTED SHALL BECOME PART OF MY APPLICATION AND I WILL COMPLY WITH ALL STATE, FFEDERAL, COUNTY AND TOWNSHIP REGULATIONS. I ALSO UNDERSTAND THAT THE APPLICAION SHALL EXPIREONE (1) YEAR FROM THE DATE OF ISSUE. **Failure to submit and obtain approval on this application could result in a \$250 fine.**

DATE: _____

SIGNATURE OF APPLICANT

Date approved _____ Supervisor _____ Supervisor _____

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