STAR LAKE TOWNSHIP
Otter Tail County, MN

Applicant Name *

First Name Last Name

Address *

Street Address

City State / Province

Postal / Zip Code

Phone Number *

Please enter a valid phone number.

Email *

example@example.com

Project E911 Address

Section

If you do not have a 911 address, please give us a description of the approach below.

PLEASE READ:

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.

Please place the description of the approach is going. (Examples: 300 feet from intersection of "A and B", or 1000 feet from existing 911 address of XYZ etc.)

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.

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Approach and Culvert Application

STAR LAKE TOWNSHIP, PO BOX 61, DENT MN 56528

Today's Date *

Month Day Year

***Please Note:** Please sign this application before submission. You must do so after printing.

Signature of Applicant:_____