

City of Robbinsdale



Engineering Department

CURB/SIDEWALK/DRIVEWAY APRON PERMIT

4100 Lakeview Ave N Robbinsdale, MN 55422 ♦ Phone 763-531-1268 ♦ Fax 763-531-1200 permits@ci.robbinsdale.mn.us

DATE: _____

PERMIT #: _____

JOB ADDRESS: _____

PROPERTY OWNER: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #: _____

CONTRACTOR NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #: _____

CITY LICENSE #: _____

CONTRACT VALUE OF WORK \$ _____

ESTIMATED START DATE: _____

DESCRIPTION OF WORK:

APPLICANT SIGNATURE: _____

PRINT NAME: _____

PHONE NUMBER: _____

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BOND INFORMTAION

FOR CITY USE OLNLY

AMOUNT OF BOND: \$ _____

TYPE OF BOND: _____

PERMIT FEE(S)

PERMIT FEE: \$50

STREET REPAIR (BITUMINOUS): \$ _____
(MINIMUM 2' WIDE PATCH)

\$10 X LENGTH OF CURB: \$ _____

\$5 X EACH ADDITIONAL SQ FT: \$ _____

OTHER FEE(S): \$ _____

Explain Other Fees:

TOTAL PERMIT FEE: \$ _____



2017 DRIVEWAY APRON / CURB or SIDEWALK CONSTRUCTION PERMIT PROCEDURE

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.).

PERMIT FEE: \$50.00

BITUMINOUS REPAIR FEE: In addition to the permit fee, there is an initial fee of \$10 per lineal foot 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 per square foot for any bituminous removal/replacement beyond the 2' minimum width.

PERFORMANCE 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

BOND RELEASE: After completion and final inspection approval, the bond shall be released.



CREDIT CARD INFORMATION

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

***NOTE:** The City of Robbinsdale does *not* charge an additional fee when using a credit card*

To make a payment by credit card, please provide the following information:

VISA MASTER CARD AMERICAN EXPRESS DISCOVER

NAME OF CARD HOLDER: _____

CREDIT CARD ACCOUNT NUMBER: _____

CREDIT CARD EXPIRATION DATE: _____/_____

3 or 4 DIGIT SECURITY CODE FROM BACK (or front) OF CARD ____ _

BILLING ZIP CODE: _____

(For example, if the credit 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)