

RIGHT-OF-WAY PERMIT APPLICATION

<u>Office Use Only</u>

Permit Number

Received By

Date Received

CONSTRUCTION WITHIN PUBLIC RIGHT-OF-WAY

DATE _____ SITE ADDRESS (IF SINGLE SITE) _____	
<u>OR</u> LOCATION OF WORK (STREET NAME WITH DISTANCE AND DIRECTION FROM NEAREST STREET INTERSECTION) _____	

THE APPLICANT IS: (CIRCLE ONE) UTILITY OWNER CONTRACTOR PROPERTY OWNER	
UTILITY OWNER	COMPANY NAME _____ ADDRESS _____ PHONE _____ CITY _____ STATE _____ ZIP _____ CONTACT _____ E-MAIL _____
CONTRACTOR	COMPANY NAME _____ ADDRESS _____ PHONE _____ CITY _____ STATE _____ ZIP _____ CONTACT _____ E-MAIL _____
PROPERTY OWNER	NAME _____ PHONE _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ E-MAIL _____
TYPE OF PERMIT	<input type="checkbox"/> EXCAVATION <input type="checkbox"/> OBSTRUCTION <input type="checkbox"/> OTHER
PURPOSE OF WORK	<input type="checkbox"/> NEW <input type="checkbox"/> ABANDON-IN-PLACE <input type="checkbox"/> UTILITY MAINTENANCE <input type="checkbox"/> REMOVE <input type="checkbox"/> CUT-OFF <input type="checkbox"/> UTILITY INSPECTION <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> REPAIR <input type="checkbox"/> TREE TRIMMING
WORK TYPE (EXCAVATION)	<input type="checkbox"/> PRIVATE UTILITIES <input type="checkbox"/> SEWER MAIN <input type="checkbox"/> STORM SEWER <input type="checkbox"/> <input type="checkbox"/> WATER MAIN <input type="checkbox"/> DRAINAGE DITCH <input type="checkbox"/> <input type="checkbox"/> SEWER SERVICE <input type="checkbox"/> DRAIN TILE <input type="checkbox"/> <input type="checkbox"/> WATER SERVICE <input type="checkbox"/> CONNECT SUMP DRAIN

REQUIRED INSPECTIONS	<i>(TO BE CHECKED BY CITY FOR SCHEDULING)</i>	
	<input type="checkbox"/> TREE PROTECTION <input type="checkbox"/> SWPPP/ EROSION CONTROL <input type="checkbox"/> POTHOLE LOCATIONS IN STREET <input type="checkbox"/> CONNECTION TO SEWER MAIN/ WATER MAIN <input type="checkbox"/> CONNECTION TO MANHOLE <input type="checkbox"/> BACKFILL	<input type="checkbox"/> FORMS <input type="checkbox"/> CURB AND GUTTER <input type="checkbox"/> STREET SURFACE REPLACEMENT <input type="checkbox"/> DRIVEWAY <input type="checkbox"/> PROJECT COMPLETION

SUBMITTAL OPTIONS:

MAIL:

**Minnetonka City Hall
Engineering Department
14600 Minnetonka Boulevard
Minnetonka, MN 55345**

EMAIL:

skrake@eminnetonka.com

FAX:

952-939-8244

BY ACCEPTING THIS RIGHT-OF-WAY PERMIT, PERMITTEE AGREES: 1) TO ABIDE BY THE PERMIT TERMS AND THE CITY'S RIGHT-OF-WAY ORDINANCE, 2) TO PAY ALL APPLICABLE FEES AND PROVIDE ANY REQUIRED INSURANCE, AND 3) TO INDEMNIFY AND HOLD HARMLESS THE CITY, ITS OFFICIALS, EMPLOYEES AND AGENTS ANY LIABILITY, CLAIM OR DAMAGE ARISING OUT OF THE REGISTRANT OR PERMITTEE'S ACTIONS OR INACTIONS UNDERTAKEN PURSUANT TO THE PERMIT.

***Application must be signed by utility owner even if contractor is performing the work.**

THIS IS AN APPLICATION FOR A PERMIT – IT IS NOT VALID UNTIL PROCESSED	
NAME _____	TITLE _____
Please type or print	Please type or print
SIGNATURE _____	DATE _____