

CITY OF MILACA

255 First Street East

Milaca, MN 56353

Phone: 320-983-3141 Fax: 320-983-3142

APPLICATION FOR RIGHT-OF-WAY PERMITS

Excavation Permit \$100

Non-Excavation (Obstruction Permit) \$25

Attached Plan Submitted by (Applicant): _____

Joint Application (Company Name): _____

Plan # _____ Project # _____

Location: _____

From and To (Address Location) _____

Applicant: _____ 24 Hour #: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Work Phone: _____ 24 Hour #: _____

Cell Phone #: _____ Email: _____

General Contractor: _____

Work Phone: _____ 24 Hour #: _____ Email: _____

Contact Person: _____ Work Phone: _____ Pager/Cell# _____

Sub-Contractor #1: _____ Email: _____

Sub-Contractor #2: _____ Email: _____

Facilities Information

<input type="checkbox"/>	Cable TV	<input type="checkbox"/>	Cooling	<input type="checkbox"/>	Traffic	<input type="checkbox"/>	Heating	As-Built Maps/Drawings Provided <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/>	Gas	<input type="checkbox"/>	High Pressure	<input type="checkbox"/>	Low Pressure	<input type="checkbox"/>	Water	
<input type="checkbox"/>	Electrical Voltage					<input type="checkbox"/>	Sewer	Other: _____
<input type="checkbox"/>	Telecomm.	<input type="checkbox"/>	Fiber	<input type="checkbox"/>	Other			

Purpose of Construction

<input type="checkbox"/>	New	<input type="checkbox"/>	Replacement	<input type="checkbox"/>	Repair	<input type="checkbox"/>	Other
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Type of Construction

<input type="checkbox"/>	Trench	<input type="checkbox"/>	Hole	<input type="checkbox"/>	Chamber	<input type="checkbox"/>	Bore (Specify)
<input type="checkbox"/>	Aerial	<input type="checkbox"/>	Plow (Specify)				

Construction Details

Excavation Size	Length	Width	Depth	Total Linear Footage Installed			
ROW Being Used:	Driving Lane	Parking Lane	Sidewalk	Blvd.			
Type of Material:	Concrete	Bituminous	Gravel	Sod	Field Grass	Trees	Shrubs
Structures:	Curb & Gutter	Sidewalk	Signals	Other			
Shoulders:	Bituminous	Gravel	Road Signs	Culvert	Other		

Construction Schedule

Estimated Starting Date: _____	Date Received: _____
Estimated Ending Date: _____	Reviewed by City Manager/Public Works Supv. <input type="checkbox"/> Yes <input type="checkbox"/> No
	Additional Bond Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Approval Date: _____
	Restoration Complete <input type="checkbox"/> Yes <input type="checkbox"/> No

It is agreed that the applicant will restore all other improvements to a condition equal to or better than that which existed prior to the making of the excavation. All restoration will meet requirements of the Public Works Supervisor.

Applicant's Signature _____ Date _____

Public Works Supervisor's Signature _____ Date _____

Amount Due \$ _____

Date Paid: _____

(CALL 48 HOURS BEFORE BEGINNING WORK - 320-983-6547)

WARNING: It is the contractor's responsibility to call for utility locates before digging. Gopher State One Call: 651-454-0002