



RIGHT-OF-WAY PERMIT APPLICATION

Office Use Only
_____ Received By
_____ Date Received

CONSTRUCTION WITHIN PUBLIC RIGHT-OF-WAY

APPLICATION DATE _____ SITE ADDRESS (IF SINGLE SITE) _____

PID PROPERTY IDENTIFICATION #: _____

OR LOCATION OF WORK (STREET NAME WITH DISTANCE AND DIRECTION FROM NEAREST STREET INTERSECTION) _____

GOPHER STATE ONE CALL REGISTRATION NUMBER: _____

THE APPLICANT IS: (CIRCLE ONE) **UTILITY OWNER** **CONTRACTOR** **PROPERTY OWNER**

PROPERTY / UTILITY OWNER	PROPERTY OR UTILITY OWNER NAME _____ ADDRESS _____ PHONE _____ CITY _____ STATE _____ ZIP _____ CONTACT _____ E-MAIL _____ SIGNATURE _____ DATE _____
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CONTRACTOR <small>(IF DIFFERENT THAN UTILITY OWNER)</small>	COMPANY NAME _____ ADDRESS _____ PHONE _____ CITY _____ STATE _____ ZIP _____ CONTACT _____ E-MAIL _____
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TYPE OF PERMIT	<input type="checkbox"/> EXCAVATION <input type="checkbox"/> OBSTRUCTION <input type="checkbox"/> OTHER _____
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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
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WORK TYPE	<input type="checkbox"/> PRIVATE UTILITIES <input type="checkbox"/> SEWER MAIN <input type="checkbox"/> STORM SEWER <input type="checkbox"/> TREE TRIMMING <input type="checkbox"/> WATER MAIN <input type="checkbox"/> DRAINAGE DITCH <input type="checkbox"/> RETAINING WALL/ BERM/ LANDSCAPING <input type="checkbox"/> SEWER SERVICE <input type="checkbox"/> DRAIN TILE <input type="checkbox"/> CONNECT SUMP PUMP DRAIN <input type="checkbox"/> WATER SERVICE <input type="checkbox"/> OTHER
ROW BEING USED	DRIVING LANE PARKING LANE SIDEWALK BOULEVARD

PROJECT SUMMARY

SCOPE OF WORK	PROPOSED START DATE _____ PROJECTED END DATE _____ <input type="checkbox"/> EMERGENCY REPAIR; WORK ALREADY COMPLETED ON _____ (DATE)	
	WORK WITHIN STREET SURFACE <input type="checkbox"/> YES <input type="checkbox"/> NO	LANE CLOSURE REQUIRED** <input type="checkbox"/> YES <input type="checkbox"/> NO
	WORK WITHIN UNPAVED BLVD <input type="checkbox"/> YES <input type="checkbox"/> NO	DETOUR REQUIRED** <input type="checkbox"/> YES <input type="checkbox"/> NO
	WORK WITHIN D&U EASEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	WORK WITHIN MNDOT ROW <input type="checkbox"/> YES <input type="checkbox"/> NO
	WORK WITHIN SIDEWALK/TRAIL <input type="checkbox"/> YES <input type="checkbox"/> NO	WORK WITHIN COUNTY ROW <input type="checkbox"/> YES <input type="checkbox"/> NO
**SUBMIT TRAFFIC CONTROL PLAN		

DETAILED DESCRIPTION OF PROPOSED WORK, INCLUDING TYPE & SIZE OF UTILITY TO BE INSTALLED AND RESTORATION.	(ATTACH DETAILED PLAN SHEET; "AS BUILT" DRAWINGS WILL NEED TO BE SUBMITTED AFTER COMPLETION OF THE PROJECT)	
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EXCAVATION METHOD (CHECK ALL THAT APPLY)	UTILITY/FACILITY TYPE (CHECK ALL THAT APPLY)	DISTURBED SURFACES (CHECK ALL THAT APPLY)
<input type="checkbox"/> AUGERING <input type="checkbox"/> CORE DRILL <input type="checkbox"/> DIRECT BURY <input type="checkbox"/> DIRECTIONAL BORE <input type="checkbox"/> HAND DIG <input type="checkbox"/> HOLE <input type="checkbox"/> JACKING <input type="checkbox"/> OPEN TRENCH <input type="checkbox"/> PLOW <input type="checkbox"/> PNEUMAGOPHER <input type="checkbox"/> OTHER/NA _____	<input type="checkbox"/> CABLE TV <input type="checkbox"/> CARRIER CONDUIT <input type="checkbox"/> DRAINAGE <input type="checkbox"/> ELECTRIC <input type="checkbox"/> FIBER OPTIC <input type="checkbox"/> HIGH PRESSURE GAS <input type="checkbox"/> LOW PRESSURE GAS <input type="checkbox"/> SEWER/WATER <input type="checkbox"/> STORM WATER <input type="checkbox"/> TELECOMMUNICATIONS <input type="checkbox"/> OTHER/NA _____	<input type="checkbox"/> BITUMINOUS <input type="checkbox"/> CONCRETE <input type="checkbox"/> DIRT / SOIL <input type="checkbox"/> GRAVEL <input type="checkbox"/> LANDSCAPING <input type="checkbox"/> PAVERS <input type="checkbox"/> TURF <input type="checkbox"/> CURB CUT <input type="checkbox"/> OTHER _____ <input type="checkbox"/> NONE / NA
EXCAVATION DETAILS	TOTAL NUMBER OF OPENINGS: IN PAVEMENT _____ IN UNPAVED BOULEVARD _____ TOTAL LINEAR FOOTAGE INSTALLED _____ OPEN TRENCH LENGTH _____ LF PIPE/ CABLE SIZE _____ DESCRIPTION _____	
	JOINT TRENCH CONSTRUCTION <input type="checkbox"/> YES <input type="checkbox"/> NO	CITY DETAILS NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO
	SPECIAL PROVISIONS/ COMMENTS _____ _____	
PERMIT FEES	<input type="checkbox"/> \$75 BASE FEE FOR ALL PERMITS, <u>PLUS</u> : <input type="checkbox"/> \$75 - ENGINEERING FEE TOTAL PERMIT FEE \$ _____	

SUBMITTAL OPTIONS:

MAIL:
 Silver Lake City Hall
 Public Works Supervisor
 308 Main Street W
 Silver Lake, MN 55381

EMAIL:
cityhall@cityofsilverlake.org

FAX:
 320-327-2219

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.

Important: Notify City of Silver Lake Public Works Supervisor at 320-327-2412 24 hours in advance of beginning work and upon completion of work in the right-of-way.

For Office Use Only	
THIS IS AN APPLICATION FOR A PERMIT – IT IS NOT VALID UNTIL PROCESSED	
NAME _____ <small>Please type or print</small>	TITLE _____ <small>Please type or print</small>
SIGNATURE _____	DATE _____
<p><i>Minnesota Statute Chapter 216D requires that the EXCAVATOR must call GOPHER STATE ONE-CALL at 1-800-552-1166 at least 48 hours before beginning excavation. Hand digging is required when excavating within two feet of the markings.</i></p>	