



**PERMIT APPLICATION
WORK IN PUBLIC RIGHT-OF-WAY**

Permit No. 20- _____

City of Lake City, 1885 S Hwy 61, Lake City, MN 55041 Ph-651.345.4711 F-651.345.4763

Excavation Permit **Small Wireless Facility Permit *** **Obstruction Permit**

The Applicant is: **Owner** **Contractor** * **Plans Submitted:** **Yes** **No**

Site Address:		
Work Done For:	Date Permit Requested:	
Applicant:		Work Order #
Billing Address:		
Contact Person:	Phone:	24 Hour Number:
Email Contact:		
License Number:	Emergency Contact:	Phone:

PROPERTY USE	TYPE OF WORK	
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family <input type="checkbox"/> Other	<input type="checkbox"/> Gas <input type="checkbox"/> Communications	<input type="checkbox"/> Electric <input type="checkbox"/> Other: <input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Disconnect <input type="checkbox"/> Replacement

TYPE OF CONSTRUCTION:	<input type="checkbox"/> Trench <input type="checkbox"/> Hole <input type="checkbox"/> Other (describe): <input type="checkbox"/> Aerial <input type="checkbox"/> Bore (specify):
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OBSTRUCTION PERMIT:	<input type="checkbox"/> Alley <input type="checkbox"/> Parking Lane <input type="checkbox"/> Drive Lane <input type="checkbox"/> Boulevard <input type="checkbox"/> Median <input type="checkbox"/> Other (describe):
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EXCAVATION PERMIT:	Required Drawing Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Marked Proposed Route: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of surface to be disturbed: <input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Sod <input type="checkbox"/> Other:
*Plans Required *Once excavation is opened you have 10 working days to complete unless otherwise instructed. *Contractor responsible for proper barricading including lights at night.	Excavation Size: Length: _____ Width: _____ Depth: _____ Total Linear Footage: _____ Structures: <input type="checkbox"/> Curb <input type="checkbox"/> Gutter <input type="checkbox"/> Sidewalk <input type="checkbox"/> Apron <input type="checkbox"/> Other	

CONSTRUCTION SCHEDULE:	Est. Start Date: _____ Est. End Date: _____	Weekend Dates: _____ After Hour Dates: _____
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TRAFFIC CONTROL:	Detour Route Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe route: _____
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COMMENTS/NATURE OF REQUEST:

PERMIT FEES: *PLEASE NOTE: Fees double if permit is received after work has begun.*

<p>Excavation Permit (\$50 per structure opening)</p> <p><input type="checkbox"/> Number of curb cuts required _____</p> <p><input type="checkbox"/> Number of street cuts required _____</p> <p><input type="checkbox"/> Number of pot holes required _____</p> <p>Total Cuts _____ x \$50.00 = \$ _____</p>	<p>Small Wireless Facility Permit</p> <p><input type="checkbox"/> \$30.00</p>
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Obstruction Permit

Local/Residential Street : **8' Parking lane :** (Example: Dumpster, Construction Trailer, Boom, etc.)

Number of Lanes

\$15.00 Day/Lane - Number of Days \$5.00 /Day - Number of Days (per Lane)

\$45.00 Day/Full Closure - Number of Days \$20.00 / Week - Number of Weeks

Cones/Reflectors should be by/on item when left in street or parking lane over night time hours.

This Section is For Office Use Only	
Base Permit :	\$ 50.00 (includes gravel & sod excavation)
Excavation :	\$ _____ <input type="checkbox"/> Applied After Work Started:
Small Wireless :	\$ _____ Total \$ _____ x 2 = \$ _____
Obstruction :	\$ _____
TOTAL :	\$ _____ <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit

Before digging call Gopher State One Call in MN. Toll Free (800) 252-1166
Call the Public Works Street Department for ROW Inspection (651) 380-7774

I hereby apply for a Work in Public Right-of-Way Permit and acknowledge that the information above is complete and accurate. All work will be in conformance with the ordinances, codes and rules of the City of Lake City, rules adopted by the MN Office of Pipeline Safety, Minnesota Plumbing Code, and the requirements of Minnesota Statute Sections 216D.03 through 216D.07

Applicant's Signature: _____ **Date** _____

Print Name: _____

Approved by _____ **Date** _____

Print Name

REQUIRED INSPECTIONS
<input type="checkbox"/> Start of Work _____
<input type="checkbox"/> Routine _____
<input type="checkbox"/> Concrete Form _____
<input type="checkbox"/> Final _____
<input type="checkbox"/> Follow-Up Restoration _____

Special Requirements / Inspection Notes:

Submit Permit by Mail or Deliver to Public Works, 1885 S Hwy 61 - or Email to mkrier@ci.lake-city.mn.us