

PUBLIC WORKS DEPARTMENT • PHONE: 651-257-0610 • EMAIL: mfraley@cityoflindstrom.us 13292 Sylvan Ave. • Lindstrom, MN 55045 **RIGHT-OF-WAY PERMIT**

EXCAVATION or **NON-EXCAVATION** (**OBSTRUCTION**)

CITY PERMIT	NUMBER:					
APPLICATION DATE:			UTILITY PROJECT NUMBER:			
APPLICANT			•			
Name:						
Address:			City/State/Zip:			
Contact Person:			Work/Cell Phone:			
Email:			l			
PROJECT INFO SITE: Street: Location (To and Free						
RIGHT-OF-WAY DETAILS:				☐ Sidewalk/Pathway ☐ Boulevard		
Right of Way Jurisdiction: City County / State (If checked, a Chisago County or MnDOT ROW permit is also required.)						
Are you going to complete restoration in compliance with Lindstrom's Right-of-Way Ordinance Templates?						
TYPE OF FACILITY:						PROPOSED WORK:
☐ Cable TV: Size/Material/Type:			☐ Telecommunications Fiber			Hole (Quantity):
☐ Electric: Size/Material/Type:			□ Gas			Trench (Linear Ft):
☐ City Water: Size/Material/Type:			□ Curb Cut]	Bore (Linear Ft):
☐ City San. Sewer: Size/Material/Type:			□ Small Cell			Aerial (Linear Ft):
☐ City Storm Sewer: Size/Material/Type:			□ Other		1	Utility Pole (Quantity):
			Description:			Roll-Off/POD Container (Quantity):
SCHEDULE: Estimated Start Date/Time:			Estimated End Date/Time:			
Acknowledgement and Signature: The undersigned hereby makes application to the City of Lindstrom to perform the work as herein described. The work for which this permit is issued shall be performed according to: (1) the conditions of this permit; (2) the approved plans and specifications; and (3) the applicable City approvals, Ordinances and Codes. Print Name: Contractor						
<u>WARNING</u> : It is the contractor's responsibility to call for utility locates before digging. Gopher State One call: 651-454-0002						
OFFICE USE ONLY						
SEPARATE PER	RMITS REQUIREI): ☐ Chisago County		□ Mn/DOT		
FEES:						
Filing Fee Other:	\$_ \$_	25.00				
Permit Approved By & Date:					Total Fees: \$	