



Permit #: \_\_\_\_\_

# Right-of-Way Permit Application

**SITE ADDRESS:** \_\_\_\_\_

Work Start Date: \_\_\_\_\_ Work End Date: \_\_\_\_\_ Full Restoration Date: \_\_\_\_\_

## Applicant Information

### CONTRACTOR

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person (print): \_\_\_\_\_ 24-Hour Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Subcontractor(s) (List all; attach sheet if necessary): \_\_\_\_\_

Contract or Job Nos. (optional): \_\_\_\_\_

### PROPERTY OWNER

Name/Company: \_\_\_\_\_ Phone: \_\_\_\_\_

## Right-of-Way Permit Type

- Emergency       Obstruction       Curb Cut/Street Connection       Permit Extension
- New or replace service connection       Repair and general work       Directional Boring
- Trench work       Other: \_\_\_\_\_

## Work Type

Check all that apply. Please attach plan set.

- City       Power Service       Dumpster or Moving Pod       Sanitary Sewer
- County       Private Wire Utilities       Retaining Wall       Service Lateral
- State       Telecommunications       Sidewalk/Trail       Storm Water
- Innerduct or Wire/Fiber Optic (# installed: \_\_\_\_\_)       Street Cut       Water
- Gas Service/Main Line: \_\_\_ Low Pressure \_\_\_ High Pressure \_\_\_ Transmission
- Pole or Sign located in: \_\_\_ ROW \_\_\_ Easement      Please describe: \_\_\_\_\_
- Other: \_\_\_\_\_

## Purpose

- Abandon in Place       Cut/Remove/Repair       Install New       Replace or Update
- Repair       Other: \_\_\_\_\_

## Disturbed Surface/Areas

- Bituminous       Concrete       Gravel       Trees/Shrubs/Brush  
 Turf       Other: \_\_\_\_\_

## Work Method

- Auguring       Core Drill       Directional Boring Equipment  
 Hand Dig       Jacking       Open Trench       Plow-in System  
 Power Dig       Other: \_\_\_\_\_

Number of Openings: \_\_\_\_\_ Length: \_\_\_\_\_ Width: \_\_\_\_\_ Depth: \_\_\_\_\_

Total Lineal Feet Installed: \_\_\_\_\_

Other: \_\_\_\_\_

## Notes to Applicant

- All work done under this permit, including restoration, must be completed within the dates specified. Requests for extensions must be made in writing before permit expiration date or permit becomes null and void.
- This permit shall be null and void if authorized work is not started within 180 days or if work is suspended/abandoned for 180 days or more after work has started.
- Comply with City Code Chapter 90 and the City's Right-of-Way Permits handout, which is available upon request.
- Contact Public Works Department (952) 233-9550 two working days prior to work start to ensure proper public notification and inspection.
- Contact Gopher One State at (651) 454-0002 at least two business days before excavating.

The undersigned hereby represents upon all of the penalties of the law, for the purpose of including the City of Shakopee to take the action herein requested, that all statements are true, and that all work herein will be done in accordance with the ordinances of the City of Shakopee and the State of Minnesota. The undersigned also acknowledges he/she has reviewed and understands the requirements of Shakopee City Code Chapter 90 regarding right-of-way management.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

## Submittal Checklist

- Completed Application  
 11x17" scale drawing or detailed description of work attached  
 Subcontractors list  
 Current registration on file with City of Shakopee (Contact City Clerk's Office @ (952) 233-9300)

### CITY OF SHAKOPEE USE – PERMIT APPROVED BY:

\_\_\_\_\_  
Public Works Department

\_\_\_\_\_  
Approved Date

\_\_\_\_\_  
Registration & Insurance No.

#### Other notes:

- As-built or location map required  
 Special provisions attached  
 See Detail Plates attached  
 Plans with comments attached

#### PERMIT TYPE & FEES

- Emergency Work  
 General Work  
 Obstruction  
 Install/Replace  
 Directional Boring  
 Trench  
 Curb Cut/Street Connection  
 Permit Extension  
 Delay Penalty  
 Degradation Fee  
 Unauthorized Work  
 Other

Fee Calculation \$ \_\_\_\_\_

- Paid (Check No. \_\_\_\_\_)  
 Invoiced