

# RIGHT OF WAY PERMIT APPLICATION

City of New Richland  
203 N Broadway PO Box 57  
New Richland, MN 56072  
Phone: (507)465-3514 Fax: (507)465-3375

Excavation Permit       Obstruction Permit

## REGISTRATION TYPE

Attached Plan submitted by (Utility Owner): \_\_\_\_\_

Joint Application

Please check whether you will be the Owner of equipment placed in the ROW or a contractor wishing to work in the ROW. If other please explain in next section.

Equipment Owner  
 Contractor  
 Other (Explain)

Plan No. \_\_\_\_\_  
Project No. \_\_\_\_\_

Location: \_\_\_\_\_

From and To: \_\_\_\_\_  
(Address and Intersection) \_\_\_\_\_

## REGISTRATION INFORMATION (Company Information)

Applicant: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address: \_\_\_\_\_ Fax # \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor: \_\_\_\_\_ Gopher State One-Call Reg. # \_\_\_\_\_  
Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_  
Pager # \_\_\_\_\_

## 24 HOUR EMERGENCY CONTACT INFORMATION

Name	Phone #	Pager #	Fax #
_____	_____	_____	_____
_____	_____	_____	_____

## CONSTRUCTION INFORMATION

Type of Utility:	Purpose of Construction	Type of Construction
<input type="checkbox"/> Gas <input type="checkbox"/> Electrical <input type="checkbox"/> Telecom	<input type="checkbox"/> New	<input type="checkbox"/> Trench <input type="checkbox"/> Boring
<input type="checkbox"/> Heating <input type="checkbox"/> Cooling <input type="checkbox"/> Cable	<input type="checkbox"/> Replacement	<input type="checkbox"/> Hole <input type="checkbox"/> Pole
<input type="checkbox"/> Traffic <input type="checkbox"/> Water <input type="checkbox"/> Sewer	<input type="checkbox"/> Repair	<input type="checkbox"/> Chamber <input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	

Excavation Size: Length \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_ Total Linear Footage of Installation \_\_\_\_\_  
Portion of ROW being used: Driving Lane \_\_\_\_\_ Parking Lane \_\_\_\_\_ Sidewalk \_\_\_\_\_ Boulevard \_\_\_\_\_  
Other \_\_\_\_\_

## CONSTRUCTION SCHEDULE

Number of Construction Days: \_\_\_\_\_ Construction Dates: \_\_\_\_\_  
Weekend Dates: \_\_\_\_\_ After Hour Dates: \_\_\_\_\_

## CERTIFICATES AND LICENSES

Please attach copies of certificates and licenses as required for registration

- 1) Certificate of Insurance
- 2) Certificate of Incorporation
- 3) Certificate of Authority form Minnesota Public Utilities Commission (MPUC)
- 4) Removal Bond (Equipment Owner Only)
- 5) Minnesota Contractors License

## FOR OFFICE USE ONLY

Date Application Received: \_\_\_\_\_ Review Committee \_\_\_\_\_ Yes \_\_\_\_\_ No  
Permit Number: \_\_\_\_\_ Committee Date: \_\_\_\_\_  
Permit Fee: \$100.00  
Date Received: \_\_\_\_\_