



PERMIT NO.

City of Eden Valley
 171 Cossairt PO Box 25
 Eden Valley, MN 55329
 Phone: 320.453.5251
 Fax: 320.453.5871

**RIGHT-OF-WAY OR CITY EASEMENT
 EXCAVATION PERMIT APPLICATION**

Name and Address of Utility Owner:

 Contact: _____
 Phone: _____
 24-Hour Emergency Phone: _____
 Email address: _____

Name and Address of Party Performing Work:

 Contact: _____
 Phone: _____
 24-Hour Emergency Phone: _____
 Email address: _____

1. Nature of Work: Gas Main Telephone Main Cable Main Electric Main
 Gas Service Telephone Service Cable Service Electric Service
 Other _____

Type of Surface to be Disturbed: Gravel Bituminous Concrete Boulevard

2. Location (House No., Street, Nearest Intersection, Development Name): _____

(Attach 1 copy of scaled drawings showing accurate right-of-way information, topographic information, and planned installation.)

3. Size and kind of pipe, conduit or cable: _____

Length of pipe, conduit or cable: _____ Depth from Surface: _____

Dimensions of Excavation: _____

4. Method of Installation or Construction (including method of compaction and excavation) _____

5. Work to start on or after _____ and to be completed on or before _____

6. Will detouring of traffic be necessary? Yes No If so, describe routing: _____

7. Copy of Certificate of liability Insurance
 Naming The City of Eden Valley as
 additionally insured.

For _____
(Applicant)

Signed By _____

8. MUST ABIDE BY CITY ORDINANCE

9. Must include a site plan

Dated _____

The date when the work is completed must be reported to the City of Eden Valley.
Excavation Permit Application for work in the City Right-of-Way or Easement