

**WOODLAND RIGHT-OF-WAY
PERMIT APPLICATION**

CONSTRUCTION WITHIN PUBLIC RIGHT-OF-WAY

APPLICATION DATE _____ SITE ADDRESS (if single site) _____
or LOCATION OF WORK (street name with distance and direction from nearest street intersection)

THE APPLICANT IS: Utility representative Contractor Property Owner Other _____

APPLICANT	COMPANY NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ CONTACT _____ E-MAIL _____ PHONE _____
CONTRACTOR (if different than applicant)	COMPANY NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ CONTACT _____ E-MAIL _____ PHONE _____
TYPE OF PERMIT	<input type="checkbox"/> EXCAVATION <input type="checkbox"/> OBSTRUCTION <input type="checkbox"/> SMALL WIRELESS <input type="checkbox"/> OTHER (explain below)
PURPOSE OF WORK	<input type="checkbox"/> NEW <input type="checkbox"/> ABANDON-IN-PLACE <input type="checkbox"/> UTILITY MAINTENANCE <input type="checkbox"/> REMOVE <input type="checkbox"/> CUT-OFF <input type="checkbox"/> UTILITY INSPECTION <input type="checkbox"/> REPLACE <input type="checkbox"/> REPAIR
WORK TYPE	<input type="checkbox"/> PRIVATE UTILITIES <input type="checkbox"/> SEWER MAIN <input type="checkbox"/> STORM SEWER <input type="checkbox"/> TREE TRIMMING <input type="checkbox"/> WATER MAIN <input type="checkbox"/> DRAINAGE DITCH <input type="checkbox"/> RETAINING WALL <input type="checkbox"/> SEWER SERICE <input type="checkbox"/> DRAIN TILE <input type="checkbox"/> LANDSCAPING <input type="checkbox"/> WATER SERVICE <input type="checkbox"/> CONNECT SUMP DRAIN

PROJECT SUMMARY

	PROPOSED START DATE _____ PROJECTED END DATE _____ EMERGENCY REPAIR-WORK ALREADY COMPLETED ON: _____																				
SCOPE OF WORK	<table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">WORK WITHIN STREET SURFACE</td> <td style="width: 20%;">___ YES</td> <td style="width: 20%;">___ NO</td> <td style="width: 20%;"></td> </tr> <tr> <td>WORK WITHIN UNPAVED BLVD</td> <td>___ YES</td> <td>___ NO</td> <td></td> </tr> <tr> <td>WORK WITHIN EASEMENT</td> <td>___ YES</td> <td>___ NO</td> <td></td> </tr> <tr> <td>LANE CLOSURE REQUIRED**</td> <td>___ YES</td> <td>___ NO</td> <td></td> </tr> <tr> <td>DETOUR REQUIRED**</td> <td>___ YES</td> <td>___ NO</td> <td></td> </tr> </table>	WORK WITHIN STREET SURFACE	___ YES	___ NO		WORK WITHIN UNPAVED BLVD	___ YES	___ NO		WORK WITHIN EASEMENT	___ YES	___ NO		LANE CLOSURE REQUIRED**	___ YES	___ NO		DETOUR REQUIRED**	___ YES	___ NO	
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LANE CLOSURE REQUIRED**	___ YES	___ NO																			
DETOUR REQUIRED**	___ YES	___ NO																			
	**Please submit a traffic control plan.																				

DETAILED DESCRIPTION OF PROPOSED WORK, INCLUDING RESTORATION.

EXCAVATION METHOD <i>(CHECK ALL THAT APPLY)</i>	DISTURBED FACILITIES <i>(CHECK ALL THAT APPLY)</i>	DISTURBED SURFACE <i>(CHECK ALL THAT APPLY)</i>
<input type="checkbox"/> AUGERING <input type="checkbox"/> CORE DRILL <input type="checkbox"/> DIRECT BURY <input type="checkbox"/> DIRECTIONAL BORE <input type="checkbox"/> HAND DIG <input type="checkbox"/> HOLE <input type="checkbox"/> JACKING <input type="checkbox"/> OPEN TRENCH <input type="checkbox"/> PLOW <input type="checkbox"/> PNEUMAGOPHER <input type="checkbox"/> OTHER / NA	<input type="checkbox"/> CABLE TV <input type="checkbox"/> CARRIER CONDUIT <input type="checkbox"/> DRAINAGE <input type="checkbox"/> ELECTRIC <input type="checkbox"/> FIBER OPTIC <input type="checkbox"/> HIGH PRESSURE GAS <input type="checkbox"/> LOW PRESSURE GAS <input type="checkbox"/> SEWER / WATER <input type="checkbox"/> STORM WATER <input type="checkbox"/> TELECOMMUNICATIONS <input type="checkbox"/> OTHER _____ <input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> BITUMINOUS <input type="checkbox"/> CONCRETE <input type="checkbox"/> DIRT / SOIL <input type="checkbox"/> GRAVEL <input type="checkbox"/> LANDSCAPING <input type="checkbox"/> PAVERS <input type="checkbox"/> TURF <input type="checkbox"/> NONE / NOT APPLICABLE

SUBMIT TO:

WOODLAND CITY HALL
 20225 COTTAGEWOOD ROAD
 DEEPAVEN, MN 55331

sara@woodlandmn.org

FAX: 952-474-1274

By accepting this Right-of-Way Permit, the applicant agrees to: 1) Abide by the permit terms and the City of Woodland's Right-of-Way ordinance, 2) Pay all applicable fees and provide required insurance, and 3) Indemnify and hold harmless the City, its officials, employees, and agents of any liability, claim or damage arising out of the applicant's or company's actions or inactions pursuant to the permit.

THIS IS AN APPLICATION FOR A PERMIT – NOT VALID UNTIL PROCESSED

NAME _____ TITLE _____
Please print Please print

SIGNATURE _____ DATE _____

PERMIT APPROVAL

SIGNATURE _____ DATE _____
 Sara Skalle, City Clerk