



CITY OF SPRING LAKE PARK

1301 Eighty-First Avenue N.E.  
Spring Lake Park, MN 55432  
Ph: 763-784-6491 Fax: 763-792-7257

# PUBLIC RIGHT-OF-WAY APPLICATION

**NAME/COMPANY:** \_\_\_\_\_

**GOPHER 1-CALL REG. NO.:** \_\_\_\_\_

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

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**NAME OF REPRESENTATIVE:** \_\_\_\_\_

**REPRESENTATIVE PHONE NO'S.:** \_\_\_\_\_

**DESCRIPTION OF PROPOSED WORK:** including a start date and completion date:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**START DATE:** \_\_\_\_\_ **COMPLETION DATE:** \_\_\_\_\_

The City of Spring Lake Park reserves the right to modify the schedule as necessary in the issuance of the permit. Therefore, the dates stated on this application may not necessarily match actual approved dates.

**EXPLANATION OF RESTORATION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

- |  |  |
|--|--|
| <input type="checkbox"/> PROOF OF CERTIFICATE OF INSURANCE:                                      | VERIFICATION DATE: _____   |
| <input type="checkbox"/> SCALED DRAWING SHOWING LOCATION   | <input type="checkbox"/> LETTER OF CREDIT OR CONST. BOND   |
| <input type="checkbox"/> COPY OF INSURANCE POLICIES<br>(If Corporation; from Secretary of State) | <input type="checkbox"/> COPY OF CERTIFICATE OF AUTHORITY<br>(From M.P.U.C., State, or Federal Agency) |

- PERMIT FEES:**
- |   |  |
|---|--|
| <input type="checkbox"/> Excavation Hole - \$150.00     | <input type="checkbox"/> Emergency Hole - \$55.00          |
| <input type="checkbox"/> Trench - \$70.00/100'+Hole fee | <input type="checkbox"/> Obstruction Fee - \$50.00+.05/Ft. |

Receipt No.:

Date:

Initials:

**APPLICANT MUST CONTACT THE SPRING LAKE PARK PUBLIC WORKS DIRECTOR AT 763-792-7227  
48 HOURS PRIOR TO COMMENCING WORK**