



City of Independence
1920 County Road 90
Independence, MN 55359
Office: (763) 479-0527
Fax: (763) 479-0528
SBode@ci.independence.mn.us

Right of Way Permit Application

APPLICANT INFORMATION

Applicant Name	<input type="checkbox"/> Company <input type="checkbox"/> Owner
Address	Phone Number
City, State, Zip	Email
Are you the owner of the property? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If not, property owner information is required.)</i>	

Owner Names	
Address	Phone Number
City, State, Zip	Email

24-Hour Contact:	
Name	Cell Phone

PROJECT INFORMATION

Expected Start Date	Expected Completion Date	Expected Clean-up Date
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Site Address or Property Identification Number
(Street, property address, or legal description. Include distance and direction from nearest street intersection.)

Project Description *(Check all that apply.)*

Type of Work	Type of Utility	Disturbed Area(s)	Type of Surface(s)	Type of Installation
<input type="checkbox"/> New <input type="checkbox"/> Fix/Replace <input type="checkbox"/> Extension <input type="checkbox"/> Other (list) _____ _____ _____ _____	<input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Cable <input type="checkbox"/> Telephone <input type="checkbox"/> Other (list) _____ _____ _____ _____	<input type="checkbox"/> Street Surface <input type="checkbox"/> Pond/Wetland <input type="checkbox"/> Landscaping <input type="checkbox"/> Trees <input type="checkbox"/> Curb & Gutter <input type="checkbox"/> Boulevard <input type="checkbox"/> Trail/Sidewalk <input type="checkbox"/> Structures <input type="checkbox"/> Private Utilities <input type="checkbox"/> Public Utilities	<input type="checkbox"/> Grass/Soil <input type="checkbox"/> Gravel <input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Other (list) _____ _____ _____ _____	<input type="checkbox"/> Cable <input type="checkbox"/> Pipe <input type="checkbox"/> Other (list) _____ _____ _____ _____

Method of Installation, Construction & Excavation

Excavation Dimensions ☐ Depth: _____ ☐ Hole size: _____ ☐ Length: _____

TRAFFIC IMPACTS

Will work obstruct City street(s) and/or require detour of traffic? ☐ Yes ☐ No

ALL Streets To Be Affected:

Proposed detour route(s):

Contact Public Works Supervisor for approval of detour route(s). (763)479-0530

If this will cause a lane closure or traffic control change, please contact West Hennepin Public Safety. (763) 479-0500

MAPS, PLANS & DOCUMENTATION

Required documentation

- | | |
|---|--|
| <ul style="list-style-type: none">• City-wide map identifying area.▽ Map of area depicting specific/detailed location. | <ul style="list-style-type: none">▽ impacted areas.▽ Erosion control.▽ Stock pile locations.▽ Other information as requested by the City. |
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AGREEMENT

The work done under this permit shall be in strict conformity with the ordinances of the City of Independence and to the standards adopted by the State of Minnesota. The applicant shall hold harmless and defend the City of Independence for any claim of loss or damage made against the City, its employees, or representatives arising out of the activities of the applicant.

By signing this agreement the applicant agrees to pay all applicable fees, provide any required insurance, and abide by all other the terms and conditions contained herein.

It is expressly understood that this permit is conditioned upon replacement or restoration of all rights of ways, road surfaces, or other disturbed public or private property to the original or better condition prior to work described above.

Applicant Signature
Date

Owner Signature
Date

AUTHORIZATION

Upon payment of, or agreement to pay, the permit fee and in consideration of the agreement to comply with all City Ordinances, Watershed District standards, and State Statutes pertaining to said project, permission is hereby granted for the work to be done as described above. The applicant shall notify the City of any changes to the project. Additionally, said work is to be done in accordance with special precautions or conditions as hereby stated:

Approved By

Signature
Date

OFFICE USE ONLY

Fees Collected

- ☐ **\$100 Right of Way Permit Fee**
Completed permit and applicable fees required for each project.
- ☐ **Certificate of Liability**
- ☐ **Restoration Completed**

Final Inspection by Public Works Department

Receipt: _____
Date: _____
Signature: _____
Date: _____