Print Form

# Right-of-Way Permit

City of Long Lake
450 Virginia Avenue, PO Box 606
Long Lake, MN 55356
Phone / 952.473.6961

**FOR OFFICE USE ONLY**

Amount Due: $50.00

Date Paid: _____

[ ] Check #_____

[ ] Cash Receipt #_____

**X Staff Approving Signature** _____ **Date Issued** _____

CONDITIONS OF APPROVAL _____

_____

Completed Right-of-Way Permit application forms and permit fees may be delivered or mailed to the address above, Attn: Public Works Director.
**Should you have questions prior to submitting an application, please call 952.476.2855.**

## Right-of-Way Permit Application

**Purpose for Construction** ☐ New ☐ Replacement ☐ Repair ☐ Maintenance

FACILITY OWNER_____ PROJECT #_____

Contractor_____ Contact Person_____

Contact Phone #_____ Contact Cell Phone #_____

Contact Email Address_____

Contractor Street Address_____

Contractor City / State / Zip_____

**Permit Type** ☐ Excavation ☐ Obstruction ** ATTACH PLAN / DRAWING OF PROPOSED CONSTRUCTION **

Construction Location_____

Nearest Intersection_____

Excavation Size: Width_____ Length_____ Depth_____

Excavation Type: ☐ Trench ☐ Hole ☐ Plow ☐ Pneumographer ☐ Driveways
☐ Cabinet ☐ Pedestal ☐ Other_____

**Obstruction Information**

Describe the Portion of the R-O-W Being Constructed_____

Obstruction Size: Width_____ Length_____ Depth_____

Hours of Obstruction: Start Date____/____/____ at _____ AM / PM – End Date____/____/____ at _____ AM / PM

**Construction Schedule**

Start Date____/____/____ End Date____/____/____ # of Days_____ Weekend Dates_____

Hours of Construction: Weekdays _____ AM / PM to _____ AM / PM

Weekends _____ AM / PM to _____ AM / PM

## Applicant Signature

**Applicant Signature**

By signing this document, I (the applicant) hereby state that the above information is correct and may be subject to change. If a change in any of the above information occurs, I (the applicant) will immediately inform the local municipality for proper approval.

**X Signature of Applicant** _____ **Date** _____