

CITY OF SCANDIA  
 14727 209th Street North,  
 Scandia, MN 55073  
 651/433-2274  
 Fax 651/433-5112

# RIGHT OF WAY EXCAVATION PERMIT

## APPLICANT INFORMATION

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

<b>Owner Name</b>	<b>Company, if applicable</b>
<b>Address</b>	<b>Phone Number</b>
<b>City, State, Zip</b>	<b>Email</b>

<b>24-Hour Contact Name</b>	<b>Cell Phone</b>
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## PROJECT INFORMATION

**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) _____ _____ _____ _____

<b>Method of Installation, Construction &amp; Excavation</b>	<b>Excavation Dimensions</b>
	<input type="checkbox"/> Depth _____ <input type="checkbox"/> Hole size _____ <input type="checkbox"/> Length _____

<b>Expected start date</b>	<b>Expected completion date</b>
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<b>Traffic Impacts</b>	
Will work obstruct City street(s) and/or require detour of traffic? <input type="checkbox"/> Yes. <input type="checkbox"/> No.	
Streets to be affected:	
Proposed detour route(s):	
<i>Contact Public Works Director for approval of detour route(s) – 651.325.5218.</i>	

## MAPS, PLANS & DOCUMENTATION

### Required documentation

- |                                                                                                                                                              |                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> City-wide map identifying area.<br><input checked="" type="checkbox"/> Map of area depicting specific/detailed location. | <input checked="" type="checkbox"/> Impacted areas.<br><input checked="" type="checkbox"/> Erosion control.<br><input checked="" type="checkbox"/> Stock pile locations.<br><input checked="" type="checkbox"/> 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 Scandia, and to the standards adopted by the State of Minnesota. The applicant shall hold harmless and defend the City of Scandia 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**

**Owner Signature**

Date

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

*Final inspection by Public Works Department*

**Inspected By**

**Signature**

Date

## OFFICE USE ONLY

### Fees Collected

- Right of Way Permit Fee - \$150.00
- Right of Way Escrow Deposit - \$3,500.00  
or
- Letter of Credit - \$3,500.00

*Completed permit and applicable fees  
required for each project.*

### Received By

- Name:
- Signature:
- Date:
- Receipt: