

**DEEPHAVEN 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: (CIRCLE ONE) **UTILITY OWNER** **CONTRACTOR** **PROPERTY OWNER**

APPLICANT	COMPANY NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ CONTACT _____ TITLE _____ PHONE _____ EMAIL _____
CONTRACTOR (IF DIFFERENT THAN APPLICANT)	COMPANY NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ CONTACT _____ TITLE _____ PHONE _____ EMAIL _____
RESTORATION CONTRACTOR (IF DIFFERENT THAN CONTRACTOR)	COMPANY NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ CONTACT _____ TITLE _____ PHONE _____ EMAIL _____
TYPE OF PERMIT	<input type="checkbox"/> EXCAVATION <input type="checkbox"/> OBSTRUCTION <input type="checkbox"/> SMALL WIRELESS <input type="checkbox"/> OTHER
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 SERVICE <input type="checkbox"/> DRAIN TILE <input type="checkbox"/> LANDSCAPING <input type="checkbox"/> WATER SERVICE <input type="checkbox"/> CONNECT SUMP DRAIN

PROJECT SUMMARY

SCOPE OF WORK	START DATE _____ END DATE _____ _____EMERGENCY REPAIR; WORK ALREADY COMPLETED ON:_____
	WORK WITHIN STREET SURFACE <input type="checkbox"/> YES <input type="checkbox"/> NO WORK WITHIN UNPAVED BLVD <input type="checkbox"/> YES <input type="checkbox"/> NO WORK WITHIN EASEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO LANE CLOSURE REQUIRED** <input type="checkbox"/> YES <input type="checkbox"/> NO DETOUR REQUIRED** <input type="checkbox"/> YES <input type="checkbox"/> NO **SUBMIT TRAFFIC CONTROL PLAN

DETAILED DESCRIPTION OF PROPOSED PROJECT AND TIMELINES OF PROPOSED WORK

DETAILED DESCRIPTION AND TIMELINES OF PROPOSED RESTORATION

EXCAVATION METHOD (CHECK ALL THAT APPLY)	DISTURBED FACILITIES (CHECK ALL THAT APPLY)	DISTURBED SURFACE (CHECK ALL THAT APPLY)
<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"/> TELECOMUNICATIONS <input type="checkbox"/> OTHER _____ <input type="checkbox"/> NA	<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 / NA
PERMIT FEES	EXCAVATION PERMIT FEE - \$195 OBSTRUCTION PERMIT FEE - \$165 SMALL WIRELESS FACILITY PERMIT FEE - \$195 ADMINISTRATIVE FEE - \$20 TOTAL PERMIT FEE: \$ _____	

SUBMITTAL OPTIONS:

DEEPHAVEN CITY HALL
20225 COTTAGEWOOD ROAD
DEEPHAVEN, MN 55331

info@cityofdeephaven.org

BY SUBMITTING THIS RIGHT-OF-WAY PERMIT, PERMITTEE AGREES AS FOLLOWS:

- 1) TO ABIDE BY THE PERMIT TERMS AND THE CITY'S RIGHT-OF-WAY ORDINANCE.
- 2) TO PAY ALL APPLICABLE FEES AND PROVIDE ANY REQUIRED INSURANCE.
- 3) TO INDEMNIFY AND HOLD HARMLESS THE CITY, ITS OFFICIALS, EMPLOYEES AND AGENTS OF ANY LIABILITY, CLAIM OR DAMAGE ARISING OUT OF THE REGISTRANT OR PERMITTEE'S ACTIONS OR INACTIONS UNDERTAKEN PURSUANT TO THE PERMIT.
- 4) TO COMPLETE ALL RIGHT-OF-WAY WORK AND RESTORATION NO LATER THAN NOVEMBER 1.
- 5) TO COMPLETE ALL RESTORATION WORK WITHIN SEVEN DAYS AFTER THE PROJECT WORK HAS BEEN COMPLETED.
- 6) PARTICIPATE IN A PRE-CONSTRUCTION MEETING WITH CITY STAFF DEPENDING ON THE PROJECT SCOPE.

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

NAME _____ TITLE _____
Please type or print _____ Please type or print _____

SIGNATURE _____ DATE _____

PERMIT APPROVAL – BY CITY

SIGNATURE _____ DATE _____
City of Deephaven Representative