

**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 ___ YES ___ NO WORK WITHIN UNPAVED BLVD ___ YES ___ NO WORK WITHIN EASEMENT ___ YES ___ NO LANE CLOSURE REQUIRED** ___ YES ___ NO DETOUR REQUIRED** ___ YES ___ 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)
___ AUGERING ___ CORE DRILL ___ DIRECT BURY ___ DIRECTIONAL BORE ___ HAND DIG HOLE ___ JACKING ___ OPEN TRENCH ___ PLOW ___ PNEUMAGOPHER ___ OTHER / NA	___ CABLE TV ___ CARRIER CONDUIT ___ DRAINAGE ___ ELECTRIC ___ FIBER OPTIC ___ HIGH PRESSURE GAS ___ LOW PRESSURE GAS ___ SEWER / WATER ___ STORM WATER ___ TELECOMMUNICATIONS ___ OTHER _____ ___ NA	___ BITUMINOUS ___ CONCRETE ___ DIRT / SOIL ___ GRAVEL ___ LANDSCAPING ___ PAVERS ___ TURF ___ 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@deephaven.gov

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