



Received: _____ Permit #: _____

Right-of-Way Permit Application

SITE ADDRESS: _____

Requested Work Start Date: _____ Work End Date: _____ Full Restoration Date: _____

Note: Full restoration must be completed within 10 days of work end date, unless otherwise approved.

Applicant Information

CONTRACTOR (PERFORMING WORK)

Company: _____ Office Phone: _____

Contact Person (print): _____ 24-Hour Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip code: _____

Subcontractor(s) (List all; attach sheet if necessary): _____

Owner's Contract or Job Nos. for billing (optional): _____

PROPERTY OWNER

Name/Company: _____ Phone: _____

Right-of-Way Permit Type

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Obstruction | <input type="checkbox"/> Curb Cut/Street Connection | <input type="checkbox"/> Permit Extension |
| <input type="checkbox"/> New or replace service connection | <input type="checkbox"/> Repair and general work | <input type="checkbox"/> Directional Boring | |
| <input type="checkbox"/> Trench work | <input type="checkbox"/> Cable/fiber pull | <input type="checkbox"/> Other: _____ | |

Work Type

- | | | | |
|----------------------------------|-------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> Private | <input type="checkbox"/> City | <input type="checkbox"/> County | <input type="checkbox"/> State |
|----------------------------------|-------------------------------|---------------------------------|--------------------------------|

Check all that apply. Please attach plan set.

- | | |
|---|---|
| <input type="checkbox"/> Innerduct or Wire/Fiber Optic (# installed: _____) | <input type="checkbox"/> Dumpster or Moving Pod |
| <input type="checkbox"/> Power Service | <input type="checkbox"/> Retaining Wall |
| <input type="checkbox"/> Sanitary Service Lateral | <input type="checkbox"/> Sidewalk/Trail Work |
| <input type="checkbox"/> Storm Water System | <input type="checkbox"/> Water System |
| <input type="checkbox"/> Gas Main Line (size: _____): ___ Low Pressure ___ High Pressure ___ Transmission | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Pole or Sign located in: ___ ROW ___ Easement ___ Mailbox | Describe unit and location: _____ |
| <input type="checkbox"/> Other: _____ | |

Purpose

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Abandon (Must locate per MN Statute 216D) | <input type="checkbox"/> Cut/Remove/Repair | <input type="checkbox"/> Install New |
| <input type="checkbox"/> Replace or Update | <input type="checkbox"/> Repair | <input type="checkbox"/> Other: _____ |

Disturbed Surface/Areas

- | | | | | |
|-------------------------------------|-----------------------------------|---------------------------------|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Bituminous | <input type="checkbox"/> Concrete | <input type="checkbox"/> Gravel | <input type="checkbox"/> Turf | <input type="checkbox"/> Street |
| <input type="checkbox"/> Driveway | <input type="checkbox"/> Sidewalk | <input type="checkbox"/> Trail | <input type="checkbox"/> Other: _____ | |

Work Method

- | | | | |
|---------------------------------------|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Auguring | <input type="checkbox"/> Core Drill | <input type="checkbox"/> Directional Boring Equipment | <input type="checkbox"/> Hand Dig |
| <input type="checkbox"/> Jacking | <input type="checkbox"/> Open Trench | <input type="checkbox"/> Plow-in System | <input type="checkbox"/> Power Dig |
| <input type="checkbox"/> Other: _____ | | | |

Number of openings cut or H/H: _____ Length: _____ Width: _____ Depth: _____

Total lineal feet installed: _____

Other action or notes: _____

Submittal Checklist

All information below must be submitted to begin permit review.

- ___ Completed Application
- ___ Traffic control plan attached (if needed) for project
- ___ 11x17" scale drawing or detailed description of work attached
- ___ Subcontractors list
- ___ Current registration on file with City of Shakopee (Contact City Clerk's Office @ 952-233-9300). Registration is required annually for all parties working in city right-of-way and easements.

Notes to Applicant

- **All work done under this permit, including restoration, must be completed within the dates specified. Requests for extensions must be made in writing before permit expiration date or permit becomes null and void.**
- This permit shall be null and void if authorized work is not started within 180 days or if work is suspended/abandoned for 180 days or more after work has started.
- Comply with City Code Chapters 50 and 90 and the city's Right-of-Way Permits handout, policy and supplemental conditions, which are available upon request.
- A separate permit is required when removing trees, shrubs or brush from a city right-of-way.
- Contact Public Works Department Engineering Division at 952-233-9375 two working days prior to work start to ensure proper public notification and inspection.
- Contact Gopher One State at 651-454-0002 at least two business days before excavating.

The undersigned hereby represents upon all of the penalties of the law, for the purpose of including the City of Shakopee to take the action herein requested, that all statements are true, and that all work herein will be done in accordance with the ordinances of the City of Shakopee and the State of Minnesota. The undersigned also acknowledges he/she has reviewed and understands the requirements of Shakopee City Code Chapter 90 regarding right-of-way management.

_____	_____	_____
Applicant's Signature	Phone	Date

CITY OF SHAKOPEE USE – PERMIT APPROVED BY:

Public Works Department Engineering Division Approved Date

Permit #: _____

Expiration date: _____

Other notes (if applicable):

- As-built or location map required within 90 days
- Supplemental conditions attached
- See Detail Plates attached
- Plans with comments attached

PERMIT TYPE & FEES

- Emergency Work
- General Work
- Obstruction
- Install/Replace
- Directional Boring
- Trench
- Curb Cut/Street Connection
- Permit Extension
- Delay Penalty
- Degradation Fee
- Unauthorized Work
- Cable/Fiber Pull
- Other

Fee Calculation \$ _____

Paid (Check No. _____)

Invoiced

Notes:
