



PUBLIC WORKS • PHONE: 651-490-4650 • FAX: 651-490-4696
4600 VICTORIA ST N • SHOREVIEW, MN 55126
RIGHT-OF-WAY PERMIT
EXCAVATION

APPLICATION DATE:		UTILITY PROJECT NUMBER:	
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SITE:	Street:
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Location (To and From):

APPLICANT	
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Name:

Address:	City/State/Zip
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Contact Person:	Work Phone:
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Cell Phone:	Fax Number:	24 Hr. #:
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Email:

PROJECT INFORMATION

TYPE OF FACILITY:	<input type="checkbox"/> Cable TV (see a & b) <input type="checkbox"/> Electric (see a & b)	Telecomm: <input type="checkbox"/> Fiber <input type="checkbox"/> Other	Gas: <input type="checkbox"/> Low Pressure <input type="checkbox"/> High Pressure <input type="checkbox"/> Other	
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TYPE OF EXCAVATION:	Hole Trench Bore (Specify): _____ Other (Describe): _____
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CONSTRUCTION DETAILS:	Length (LF):	Width:	Depth:
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New Replacement Repair Other (Describe): _____

a. Conduit (Size & Material):	b. Cable (Size & Type):
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RIGHT-OF-WAY DETAILS:	Roadway (see c) Sidewalk/Pathway (see c) Boulevard (see c)
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c. You are required to complete restoration in compliance with Shoreview's Right-of-Way Ordinance.

SCHEDULE:	Estimated Start Date/Time:	Estimated End Date/Time:
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Acknowledgement and Signature: The undersigned hereby makes application to the City of Shoreview to perform the work as herein described. The undersigned further states, under penalty of law, that the work will be performed in accordance with the Shoreview's Right-of-Way Management Ordinance and this application.

Print Name: _____ Signature: _____ Contractor

Owner Phone: _____ Date: _____

OFFICE USE ONLY

SEPARATE PERMITS REQUIRED: Ramsey County Mn/DOT

Permit Approved By: _____ Title: _____ Permit Fee \$50.00
 Escrow \$ _____
 Permit Approval Date: _____ Total Fees: \$ _____

WARNING: It is the contractor's responsibility to call for utility locates before digging. Gopher State One call: 651-454-0002 or 811