



City of Belle Plaine
 218 N. Meridian Street
 P.O. Box 129
 Belle Plaine, MN 56011

Community Development Department
Phone: 952-873-5553
Email: permitting@belleplainemn.gov
www.belleplainemn.gov

REGISTRATION YEAR:	FEE: \$200.00
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ANNUAL RIGHT-OF-WAY USER REGISTRATION

APPLICANT	Registrant's Name:
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Second (aka) Name:	Business Phone:
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Registrant's address:	Emergency Phone:
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E-Mail Address:	Fax:
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LOCAL REPRESENTATIVE (24-hour contact) INFORMATION	Cell Phone:
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Name:	Business Phone Number:
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Business Phone Number:	Emergency Phone Number:
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Emergency Phone Number:

CERTIFICATE OF INSURANCE OR SELF-INSURANCE (See ROW Application for specific amounts)

Name of Insurance Company:

Policy Number:	General Liability:
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Comprehensive:	Worker's Compensation:
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City Additional Insured:

PERFORMANCE BOND \$10,000 -	_____ Yes _____ No
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Acknowledgement of Indemnification for the City of Belle Plaine:	_____ Yes _____ No
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Franchise Agreement:	_____ Yes _____ No
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Certificate of Authority from MN P.U.C. (Telecommunications Providers Only)	_____ Yes _____ No
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**A current Certificate of Insurance or Self-Insurance that meet City of Belle Plaine requirements must be attached.
 One-time, yearly registration fee of \$200.00, to be paid at time of registration.**

By registering as a Right-of-Way user, the user agrees: (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 agent from any liability, claim or damage including reasonable attorney's fees arising out of the Permittee's actions or inaction undertaken pursuant to the permit, and (4) to secure a Right-of-Way permit prior to undertaking non-emergency work in a public ROW in the city of Belle Plaine.

Authorized Signature: _____	Date: _____
Title: _____	

Date Received:	Form of Payment:	Date Issued:
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	Transaction #:	Issued By:
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