



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

FEE: \$100.00 or \$1/100 per linear foot of project (whichever is greater) **FEE:** _____ **Permit #:** _____

RIGHT-OF-WAY WORK PERMIT APPLICATION

APPLICANT Company/Contractor Name: _____

Contact Name: _____ Phone: _____

Address: _____ Cell: _____

E-Mail: _____ Fax: _____

SUBJECT AREA List all affected properties:

LINEAR FEET: _____ **START DATE:** _____ **COMPLETION DATE:** _____

WORK DESCRIPTION:

 Will detouring traffic be necessary? Yes No Will MnDot be notified of work? Yes No

SUBMISSION OF APPLICATION MUST INCLUDE:
 Permit Fee Bond or Deposit Check ____ \$2,000; ____ \$10,000
 Certificate of Insurance Site plan indicating work to be performed

(I/We) the undersigned, hereby apply for a permit from the City of Belle Plaine for the above. (I/We) understand and accept the terms and conditions of the regulations of the City of Belle Plaine and, if necessary, Scott County Highway Department and the Commissioner of Transportation. On completion of the installation, persons doing such work must notify the City of Belle Plaine that work has been completed. Inspection and acceptance will be performed one (1) year after work start date.

APPLICANT SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY

<input type="checkbox"/> Insurance Certificate <input type="checkbox"/> \$500,000 in general liability <input type="checkbox"/> \$1,000,000 in workers compensation <input type="checkbox"/> \$1,000,000 in additional coverage	<input type="checkbox"/> Bond: ____ \$2,000; ____ \$10,000 Issuer: _____ or <input type="checkbox"/> Check: ____ \$2,000; ____ \$10,000 Check #: _____	Date Received: _____ Form of Payment: _____ Date Issued: _____ Transaction # _____ Issued By: _____
--	--	--

Approved In accordance with this application, a Right of Way Work Permit is granted to _____
 Denied to place, construct, and thereafter maintain, on, or across, or under the Right of Way of the above described Right of Way and in
 Conditions Attached the location as shown by the above application with the following conditions and requirements.
 Public Works Superintendent: _____ Date: _____

Work has been completed and all requirements have been met. Refund Deposit Date: _____
 Public Works Superintendent: _____ Date: _____