



RIGHT-OF-WAY & EXCAVATION PERMIT APPLICATION

The application form shall be answered fully and completely by the applicant. No permit shall be issued to an applicant who does not provide all of the information requested on the permit application or such other information as the City of Winsted may require.

PERMIT FEES: **\$300.00 EXCAVATION & GRADING**
\$150.00 NON-EXCAVATION
(INCLUDING LANDSCAPING & DRIVEWAY ACCESS)

APPLICATION DATE: _____

EXCAVATION PERMIT OBSTRUCTION PERMIT RIGHT-OF-WAY PERMIT OTHER

PROPERTY INFORMATION

Property Address/Location of Work: _____

Project Name/Number: _____

Description of Project: _____

Estimated Start Date: _____ Estimated End Date: _____

Estimated Date of Full Restoration: _____

Zoning Classification: _____ Residential Commercial

Property Owner Name: _____

Property Owner Address: _____

Phone Number: _____ Email Address: _____

CONTRACTOR INFORMATION

Contractor Name: _____

Contractor Street Address: _____

City: _____ State: _____ Zip Code: _____

Contractor Mailing Address (if different from above): _____

Contractor License #: _____

Contact Person(s): _____

Phone Number(s): _____

Email Address(es): _____

24-Hour Phone Number / Contact: _____

WORK TYPE	FACILITIES INFORMATION	EXCAVATION METHOD
<input type="checkbox"/> Boulevard <input type="checkbox"/> City Project <input type="checkbox"/> Construction <input type="checkbox"/> Driveway <input type="checkbox"/> Dumpster/Container/POD <input type="checkbox"/> Fence(s) <input type="checkbox"/> Irrigation <input type="checkbox"/> Landscaping <input type="checkbox"/> Private Utilities <input type="checkbox"/> Retaining Wall(s) <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Sidewalk <input type="checkbox"/> Trailer/Equipment <input type="checkbox"/> Trees/Shrubs <input type="checkbox"/> Water Main <input type="checkbox"/> Other _____	<input type="checkbox"/> Buried Cable <input type="checkbox"/> Cable TV <input type="checkbox"/> Carrier Conduit <input type="checkbox"/> Cooling <input type="checkbox"/> Electrical/Voltage <input type="checkbox"/> Fiber Optic <input type="checkbox"/> Gas <input type="checkbox"/> Heating <input type="checkbox"/> High Pressure <input type="checkbox"/> Low Pressure <input type="checkbox"/> Overhead Utility <input type="checkbox"/> Power Pole <input type="checkbox"/> Service <input type="checkbox"/> Sewer Lining <input type="checkbox"/> Telecom <input type="checkbox"/> Traffic <input type="checkbox"/> Water <input type="checkbox"/> Other _____	<input type="checkbox"/> Aerial <input type="checkbox"/> Auguring <input type="checkbox"/> Bore (Specify): _____ <input type="checkbox"/> Chamber <input type="checkbox"/> Core Drill <input type="checkbox"/> Direct Bury <input type="checkbox"/> Hand Dig <input type="checkbox"/> Hole <input type="checkbox"/> Jacking <input type="checkbox"/> Plow (Specify): _____ <input type="checkbox"/> Pneumagopher <input type="checkbox"/> Splice Pit <input type="checkbox"/> Trench <input type="checkbox"/> Other _____

PURPOSE OF CONSTRUCTION	CONSTRUCTION DETAILS	
<input type="checkbox"/> Abandon in Place <input type="checkbox"/> New/Install <input type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Other: _____	Number of Street Openings:	Length:
	Number of Boulevard Openings:	Width:
	Total Linear Feet:	Depth:
	Conduit (Size & Type):	
	Cable (Size & Type):	

RIGHT-OF-WAY BEING USED	STRUCTURES	SHOULDERS	TYPE OF MATERIAL DISTURBED/REPLACED
<input type="checkbox"/> Driving Lane <input type="checkbox"/> Parking Lane <input type="checkbox"/> Sidewalk <input type="checkbox"/> Boulevard <input type="checkbox"/> Other _____	<input type="checkbox"/> Curb & Gutter <input type="checkbox"/> Sidewalk <input type="checkbox"/> Signals <input type="checkbox"/> Other: _____	<input type="checkbox"/> Bituminous <input type="checkbox"/> Gravel <input type="checkbox"/> Road Signs <input type="checkbox"/> Culvert <input type="checkbox"/> Other _____	<input type="checkbox"/> Bituminous <input type="checkbox"/> Concrete <input type="checkbox"/> Decorative Pavers <input type="checkbox"/> Dirt/Gravel <input type="checkbox"/> Trees/Shrubs <input type="checkbox"/> Turf/Sod/Field Grass <input type="checkbox"/> Other: _____

REQUIRED ATTACHMENTS

1. Attach a scaled drawing or site plan identifying the location and area of the proposed project and the locations of all setbacks, boundaries, structures, etc.
2. Submit appropriate copies of insurance with the City of Winsted listed as an additional insured.
3. Pay the designated permit fee (non-refundable).
4. If excavating, call for locates before you dig. Clearly mark the work area (4 corners).
5. The application will be reviewed for compliance with all city zoning and regulations. City staff may call to schedule a site visit.
6. A copy of the City of Winsted Municipal Code is available online at www.winsted.mn.us/ordinances. It is the responsibility of both the property owner and the contractor to be aware of the rules, regulations, and expectations contained in the Code.

**NO WORK CAN BEGIN UNTIL ALL CITY DEPARTMENTS HAVE APPROVED THE PROPOSED SCOPE OF WORK.
IF THE PROJECT IS STARTED PRIOR TO THE APPROVALS, IT MAY RESULT IN A FINE OR OTHER ACTION.
IF ANY CITY UTILITIES ARE DAMAGED DURING THE COURSE OF THE PROJECT, THE PROPERTY OWNER
WILL BE RESPONSIBLE FOR THE COST OF ANY REPAIRS AND/OR RESTORATION.**

I HEREBY APPLY FOR A PERMIT AND ACKNOWLEDGE THAT:

1. The information above and attached is complete and accurate to the best of my knowledge;
2. That I have read and agree to comply with all applicable ordinances and rules associated with this application;
3. That the work will be done in accordance with the ordinances of the City of Winsted;
4. That the work will be done in accordance with the approved plans, specifications, and codes; and
5. I understand this is not a permit, but an application for a permit and work is not to start without a fully issued permit.

A SIGNATURE IS REQUIRED TO COMPLETE THIS APPLICATION.

Printed Name of Applicant

Title/Position

Signature of Applicant

Date

FOR OFFICE USE ONLY

Date App. Received: _____		Date Paid: _____		Amount Paid: _____		Method of Payment: _____	
Application Reviewed:	<input type="checkbox"/>	City Administrator/Zoning	Date Reviewed/Initials: _____				
	<input type="checkbox"/>	Public Works	Date Reviewed/Initials: _____				
	<input type="checkbox"/>	City Engineer	Date Reviewed/Initials: _____				
	<input type="checkbox"/>	Other Department	Date Reviewed/Initials: _____				
Permit Approved/Denied:	<input type="checkbox"/>	Approved (<i>Date Issued:</i> _____)	<input type="checkbox"/>	Denied (<i>Reason:</i> _____)			
Decision by: _____				Signature: _____			