



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.

APPLICATION DATE: _____

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

- EXCAVATION PERMIT OBSTRUCTION PERMIT RIGHT-OF-WAY PERMIT OTHER

PROPERTY INFORMATION

Property Address: _____

Description of Project: _____

Estimated Start Date: _____ Estimated End Date: _____

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: _____

Phone Number: _____ 24-Hour Phone Number: _____

Email Address: _____

FACILITIES INFORMATION

<input type="checkbox"/> Cable TV	<input type="checkbox"/> Cooling	<input type="checkbox"/> Heating	<input type="checkbox"/> Traffic
<input type="checkbox"/> Water	<input type="checkbox"/> Sewer	<input type="checkbox"/> Fiber	<input type="checkbox"/> Low Pressure
<input type="checkbox"/> Gas	<input type="checkbox"/> Electrical/Voltage	<input type="checkbox"/> Telecom	<input type="checkbox"/> Other _____

Conduit (Size & Type):	Cable (Size & Type):
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PURPOSE OF CONSTRUCTION

<input type="checkbox"/> New	<input type="checkbox"/> Replacement	<input type="checkbox"/> Repair	<input type="checkbox"/> Other _____
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TYPE OF CONSTRUCTION

<input type="checkbox"/> Trench	<input type="checkbox"/> Hole	<input type="checkbox"/> Chamber	<input type="checkbox"/> Aerial
<input type="checkbox"/> Bore (Specify): _____	<input type="checkbox"/> Plow (Specify): _____	<input type="checkbox"/> Other: _____	

CONSTRUCTION DETAILS

Excavation Size:	Total Linear Footage Installed:
Length:	Width: Depth:

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

I HAVE READ AND AGREE TO COMPLY WITH ALL APPLICABLE ORDINANCES AND RULES ASSOCIATED WITH THIS APPLICATION. I CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND THAT THE ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

A SIGNATURE IS REQUIRED TO COMPLETE THIS APPLICATION.

Signature of Applicant Date

PROCEDURES

1. Attach a copy of a site plan identifying 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.**

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 (Date Issued: _____) <input type="checkbox"/> Denied (Reason: _____)		
Decision by: _____	Signature: _____		