

**Castle Rock Township
Application for Right-Of-Way Permit
LOCAL UTILITY PROVIDERS**

Excavation Permit

Obstruction Permit

PURPOSE OF EXCAVATION/OBSTRUCTION

New Replacement Repair Other: _____

- | | |
|--|---|
| <input type="checkbox"/> Gas Line or service | <input type="checkbox"/> Buried Service |
| <input type="checkbox"/> Electric Line or Service | <input type="checkbox"/> Buried Service <input type="checkbox"/> Aerial Service |
| <input type="checkbox"/> Telephone Line or Service | <input type="checkbox"/> Buried Service <input type="checkbox"/> Aerial Service |
| <input type="checkbox"/> CATV Line or Service | <input type="checkbox"/> Other: _____ |

Size, Type of Pipe, Conduit or Cable: _____

Location of Excavation: _____

SITE MAP MUST BE ATTACHED TO APPLICATION

TYPE OF CONSTRUCTION

- | | |
|---------------------------------|---|
| <input type="checkbox"/> Trench | <input type="checkbox"/> Plow (Specify) _____ |
| <input type="checkbox"/> Hole | <input type="checkbox"/> Bore (Specify) _____ |

ITEMS TO BE AFFECTED

- | | |
|--|---|
| <input type="checkbox"/> Trail/Sidewalk | <input type="checkbox"/> Pond/Wetlands |
| <input type="checkbox"/> Traffic Control Devices/Signs | <input type="checkbox"/> Drainage |
| <input type="checkbox"/> Structure/Buildings | <input type="checkbox"/> Street Surface |
| <input type="checkbox"/> Trees | <input type="checkbox"/> Public utilities |
| <input type="checkbox"/> Private utilities | <input type="checkbox"/> Established Turf |
| <input type="checkbox"/> Other: _____ | |

CONSTRUCTION DETAILS

Excavation Size:	Length	Width	Depth	Total Linear Footage Being Installed	Number of holes

ROW being used:	Driving Lane	Parking Lane
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Type of Material Used:	Concrete	Bituminous	Gravel	Sod	Trees	Shrubs
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Structures:	Signals	Other:
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Will detouring of traffic be required? Yes No *(If yes, closure permit is required.)*

Estimated Starting Date: _____ Estimated Completion Date: _____

APPLICANT INFORMATION

Applicant Name: _____ 24 Hour Phone: _____

Company Name: _____ Fax #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Work #: _____ 24 Hour #: _____

Cell Phone #: _____ Pager #: _____

- The Contractor hereby states that he/she is familiar with Appendix B of the Minnesota Manual on Uniform Traffic Control Devices and that he/she will comply with its requirements. The Contractor shall erect signs for any detours necessary after receiving approval from Castle Rock Township.
- It is also agreed the applicant will restore all other improvements to a condition equal to or better than that which existed prior to the making of the excavation. All restoration will be done by the applicants/contractors forces and will have to meet the requirements of the Township.
- **NOTICE:** Failure of the contractor to properly and completely repair disturbed property within 48 hours of completion of permitted work; may result in enforcement by Castle Rock Township.
- If approved, the Contractor shall carry and display this permit during his/her excavation work and present it immediately upon demand by any employee of Castle Rock Township.

The applicant, in carrying on any and all work accomplished under the permit requested herein, agrees to conform strictly to the provisions of Castle Rock Township, together with such general and special provisions required by Castle Rock Township in the permit issued. ***Along with conforming to all requirements set forward by MN State Statues and rules of the MN office of Pipeline Safety relating to underground construction, marking of excavations, and potholing when over existing facilities.***

Dated _____, 20____

Signature of Applicant

Dated _____, 20____

Signature of Castle Rock Township Representative

In the event the Township must take action to enforce the terms of this permit, the applicant must reimburse the Township for any and all costs associated with the enforcement, including but not limited to reasonable attorneys' fees incurred by the Township as well as fees charged by outside professionals.