



City of Thief River Falls

Application for Right-of-Way Excavation Permit - \$100.00
Public Works Department 218-681-8506

Applicant:	Applicant Phone:
Applicant Email:	
Company Name:	Company Phone:
	Company Fax:
Address:	City, State & Zip:

Location Limits:

FACILITIES INSTALLATION OR REPAIR INFORMATION

- Electrical Water Sewer Gas Fiber Telecommunications Cable TV
 Other: _____

PURPOSE OF CONSTRUCTION

- New Replacement Repair Other: _____

TYPE OF CONSTRUCTION

- Trench Pothole Aerial Bore (specify) _____
 Plow (specify) _____ Other: _____

CONSTRUCTION DETAILS

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

R.O.W. being used: Driving Lane Parking Lane Sidewalk Blvd. Other: _____

Type of Material: Concrete Bituminous Gravel Sod

Structures: Curb & Gutter Sidewalk Signals Other:

****A PLAN OF THE PROPOSED AREA WHERE THE WORK WILL TAKE PLACE MUST BE SUBMITTED****

REQUIRED DOCUMENTS FOR APPLICATION

- Permit Fee (\$100.00 per application, paid at time of application)
- Degregation Fee (If applicable)
- Performance Bond and Certificate of Insurance on File with City

- All fees charged by a third-party locator will be invoiced to the permittee.
- Any existing infrastructure within 2 feet of the utility being installed shall be exposed by the use of a vactron. Contractor is responsible for their own dumpsite of excess material.
- All concrete removed must be replaced within 14 days.
- Street excavation repairs shall match existing section.
- All alley excavations shall be backfilled completely by class 5 aggregate.
- Permittee is responsible for removing all locate flags and lath immediately after completion.

Acknowledgement:

By signing this application, I (the applicant/company) hereby acknowledge that I must adhere to all provisions, codes, and statutes of the City of Thief River Falls, in addition to the terms and conditions which are attached to this document. The applicant should also comply with the regulations of all governmental agencies for the protection of the public.

Printed Name

Signature

Date

FOR OFFICE USE ONLY

APPLICATION AND PERMIT FEES RECEIVED:	PERMIT NO:
SIGNATURE:	PERMIT ISSUE DATE:
TITLE:	APPROVED DENIED
Company Name:	Company Phone: Company Fax: