



RIGHT-OF-WAY PERMIT

Engineering Department | City of Savage | 6000 McColl Drive, Savage, MN 55378
 Office: 952-882-2671 | Fax: 952-882-2656 | smeyer@ci.savage.mn.us

<input type="checkbox"/> Obstruction		<input type="checkbox"/> Excavation		<input type="checkbox"/> *Small Wireless Facility	
*Will small wireless facility be installed within or adjacent to single family residential property? Yes or No (circle) If yes, a Conditional Use Permit may be required. See Planning Department for details.					
SITE ADDRESS / LOCATION:					
APPLICANT / OWNER INFORMATION					
Applicant/Company Name:					
Address:					
City:		State:		Zip:	
Contact Person:		Phone:		Email:	
CONTRACTOR PERFORMING WORK					
Name:		Address:			
City:		State:		Zip:	
Contact Person:		Phone:		Email:	
Emergency (24 hour) Phone:			Gopher State One Call Registration Number:		
WORK TYPE (items to be affected or disturbed)					
<input type="checkbox"/> Curb/Gutter	<input type="checkbox"/> Drainage	<input type="checkbox"/> Public Utilities (sewer, water)	<input type="checkbox"/> Other:		
<input type="checkbox"/> Trail/Sidewalk	<input type="checkbox"/> Structure/Buildings	<input type="checkbox"/> Private Utilities (electric, gas)			
<input type="checkbox"/> Pond/Wetlands	<input type="checkbox"/> Street Surface	<input type="checkbox"/> Established Turf			
<input type="checkbox"/> Traffic Control Devices/Signs	<input type="checkbox"/> Trees	<input type="checkbox"/> Utility Poles / Traffic Signal			
DESCRIPTION: (Attach a detailed description & scaled drawing of proposed project work including identification of obstructions to be placed along with size and depth of excavation. Plans must be submitted for approval prior to work. For poles owned by private company, provide lease agreement or permit)					
NATURE OF WORK:		<input type="checkbox"/> New <input type="checkbox"/> Remove/Install <input type="checkbox"/> Repair			
METHOD OF INSTALLATION:			DEPTH OF PROPOSED UTILITY:		
START DATE:		COMPLETION DATE:			
LANE CLOSURE: <input type="checkbox"/> Yes <input type="checkbox"/> No		DETOURS (pre-approval required):		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state duration and provide tour plan.	
ESCROW					
Name Of Payee:				Phone:	
Address:		City:	State:	Zip:	
<small>The undersigned herewith accepts the terms and conditions of this permit by the City of Savage as herein contained and agrees to fully comply therewith to the satisfaction of the City of Savage. The undersigned also declares that he/she has read, understands, and will comply with all relevant City Ordinances and all Right-of-Way Regulations as stated in the following pages. The date when work is completed must be reported in writing to the City Engineer. A Certificate of Insurance or Self-Insurance verifying coverage has been provided to the City of Savage. (City of Savage to be named as an additional insured).</small>					
Signature of Applicant:				Date:	
FOR CITY USE ONLY			AUTHORIZATION OF PERMIT		
PERMIT FEE: \$			Permit No.		
ESCROW FEE:\$			<small>In consideration of agreement to comply in all respects with the regulations and codes of the City of Savage covering such operations, permission is hereby granted for the work to be done as described in the above application.</small>		
Approved By:			Date:		