Annex	CUP	Home Occ.	Interim Use	Move Building	Non – Conform	Plan Consid.	PUD	Variance
Driveway	Land Excavation	Land Fill	Rental	**ROW**	Sign			

City of Belle Plaine
218 N. Meridian Street
P.O. Box 129
Belle Plaine, MN 56011

Community Development Department
Phone: 952-873-5553
Fax: 952-873-5509
www.belleplainemn.com

Fee: $100.00	Permit #:

RIGHT-OF-WAY WORK PERMIT APPLICATION

APPLICANT	Company/Contractor Name:	
Contact Name:		Phone:
Address:		Cell:
E-Mail:		Fax:

SUBJECT AREA List all affected properties:_____

_____

_____

WORK DESCRIPTION:

START DATE:	**COMPLETION DATE:**

_____

_____

Will detouring traffic be necessary? □ **Yes** □ **No** Will *MnDot* be notified of work? □ **Yes** □ **No**

SUBMISSION OF APPLICATION MUST INCLUDE:

□ Permit Fee of $100.00

□ Bond **or** Deposit Check in amount of $2,000

□ Certificate of Insurance

□ Site plan indicating work to be performed

(I/We) the undersigned, herby apply for a permit from the City of Belle Plaine for the above. (I/We) understand and accept the terms and conditions of the regulations of the City of Belle Plaine and, if necessary, Scott County Highway Department and the Commissioner of Transportation. On completion of the installation, persons doing such work must notify the City of Belle Plaine that work has been completed. Inspection and acceptance will be performed one (1) year after work start date.

APPLICANT SIGNATURE:_____ **DATE:**_____

OFFICE USE ONLY

□ Insurance Certificate	□ Bond in amount of $2,000	**Date Received:**
□ $500,000 in general liability	Issuer:	**Form of Payment:**
□ $1,000,000 in workers compensation	or	**Date Issued:**
□ $1,000,000 in additional coverage	□ Check in amount of $2,000	**Transaction #**
	Check #:	**Issued By:**

□ **Approved**
□ **Denied**

In accordance with this application, a Right of Way Work Permit is granted to _____ to place, construct, and thereafter maintain, on, or across, or under the Right of Way of the above described Right of Way and in the location as shown by the above application with the following conditions and requirements.

Public Works Superintendent:_____ Date:_____

□ **Work has been completed and all requirements have been met.**	□ Refund Deposit Date:

Public Works Superintendent:_____ Date:_____