

Annex	CUP	Home Occ.	Interim Use	Move Building	Non – Conform	Plan Consid.	PUD	Variance
Driveway	Land Excavation		Land Fill	Rental		<b>ROW</b>	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 or \$1/100 per linear foot of project (whichever is greater)** **Permit #:**

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

**SUBJECT AREA** List all affected properties: \_\_\_\_\_  
 \_\_\_\_\_

<b>LINEAR FEET:</b>	<b>START DATE:</b>	<b>COMPLETION DATE:</b>
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**WORK DESCRIPTION:**  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**SUBMISSION OF APPLICATION MUST INCLUDE:**

Permit Fee  Bond or Deposit Check \_\_\_\_ \$2,000; \_\_\_\_ \$10,000  
 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**

<input type="checkbox"/> Insurance Certificate <input type="checkbox"/> \$500,000 in general liability <input type="checkbox"/> \$1,000,000 in workers compensation <input type="checkbox"/> \$1,000,000 in additional coverage	<input type="checkbox"/> Bond: ____ \$2,000; ____ \$10,000 Issuer: or <input type="checkbox"/> Check: ____ \$2,000; ____ \$10,000 Check #:	<b>Date Received:</b>
		<b>Form of Payment:</b>
		<b>Date Issued:</b>
		<b>Transaction #</b>
		<b>Issued By:</b>

**Approved**  **Denied**  **Conditions Attached**

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: \_\_\_\_\_