



16319 Kettle River Blvd. Columbus, MN 55025  
Phone 651-464-3120

**PUBLIC RIGHT OF WAY PERMIT APPLICATION**  
(COMPLETE ALL SECTIONS)

**SECTION 1:**

JOB ADDRESS \_\_\_\_\_  
Property Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Applicant/Contractor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Bond. No. \_\_\_\_\_  
Site Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Subcontractors Name \_\_\_\_\_ Phone \_\_\_\_\_

**SECTION 2: Type of Permit Requested: Choose appropriate permit and complete information requested.**

1.  **Distribution System Permit**

- a. Provide detailed scaled area map showing proposed location of the lines or equipment to be constructed, depictions and specifications for lines, cables, equipment, or facilities to be installed; and a road cross-sectional schematic showing the proposed location of any buried lines or cables.
- b. Nature of work (Utility type, Material length/size/type, open cut or directionally drilled) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Area to be disturbed  
\_\_\_\_\_  
\_\_\_\_\_

Method of installation or construction (including method of excavation and compaction) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- c. Work to start on \_\_\_\_\_  
To be completed on or before \_\_\_\_\_
- d. Invoice will be sent with approved application
- e. Submit Certificate of Insurance from Contractor/  
Subcontractor

**2.   Service Connection Permit**

- a. Provide detailed map showing address and location of the service line to be installed or reconstructed.
- b. Nature of work (Utility type, Material length/size/type, open cut or directionally drilled) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Area to be disturbed

\_\_\_\_\_

\_\_\_\_\_

Method of installation or construction (including method of excavation and compaction) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- c. Work to start on \_\_\_\_\_  
To be completed on or before \_\_\_\_\_
- d. Application fee will be invoiced with permit
- e. Submit Certificate of Insurance from Contractor/Subcontractor

**3.   Repair or Maintenance Permit**

- a. Provide detailed map showing address and location of the equipment or line to be repaired or excavated line to be installed or reconstructed.
- b. Nature of work (Utility type, Material length/size/type, open cut or directionally drilled) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Area to be disturbed

\_\_\_\_\_

\_\_\_\_\_

Method of installation or construction (including method of excavation and compaction) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- c. Work to start on \_\_\_\_\_  
To be completed on or before \_\_\_\_\_
- d. Application fee will be invoiced with permit
- e. Submit Certificate of Insurance from Contractor/Subcontractor

**4.   Emergencies Permit**

Provide application within three (3) working days after immediate repair.

- a. Shall provide Utility’s certification that the repaired line has not been relocated; or
- b. Provide detailed map showing and schematics to show relocation of the repaired line or equipment
- c. Submit Certificate of Insurance from Contractor/Subcontractor
- d. Application fee will be invoiced with permit

**SECTION 3:**

The undersigned herewith accepts the terms and conditions of this permit by the City of Columbus as herein contained and agrees to fully comply therewith to the satisfaction of the City of Columbus. The undersigned also declares that he/she has read, understands, and will comply with all relevant City Ordinances and all Right of Way Regulations.

It is expressly understood that this permit is conditioned upon replacement or restoration of the roadway to its original or to a satisfactory condition.

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT COMPANY OR REPRESENTATIVE NAME \_\_\_\_\_

Approved By \_\_\_\_\_

Date \_\_\_\_\_

Note\*\*Open cutting a city roadway or crossing city utilities? Letter of Credit or Determined Damage Deposit required.

Check # \_\_\_\_\_ Receipt # \_\_\_\_\_ Amount \$ \_\_\_\_\_