



204 SHAMROCK DRIVE ARLINGTON, MN 55307 Phone: 507-964-2378

Application  
Date: \_\_\_\_\_  
Registration Fee: \$ 40

## PUBLIC RIGHT-OF-WAY OBSTRUCTION OR EXCAVATION PERMIT

*An excavation permit is required by any person wishing to excavate that part of the public right-of-way described in such permit and to hinder free and open passage over the specified portion of the public right-of-way by placing facilities described therein, to the extent and for the duration specified therein.*

### Fees:

- Excavation—Hole: \$125
- Excavation—Trench: \$275
- Obstruction Permit: \$50
- Permit Extension: \$55
- Delay Penalty: \$60 first 3 days, \$10/day thereafter

Applicant Name: FIRST: \_\_\_\_\_

LAST: \_\_\_\_\_

Phone Number:  
\_\_\_\_\_

Company Name:  
\_\_\_\_\_

Phone Number:  
\_\_\_\_\_

Applicant/Company Address: \_\_\_\_\_

Applicant/Company Email: \_\_\_\_\_

Contractor Representative: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Contractor Email: \_\_\_\_\_

Describe the reason for the excavation and/or obstruction that is proposed including the exact location of the excavation or obstruction, the extent (width, length, depth) of the excavation or obstruction, and the how long the excavation or obstruction will take. List any/all requests.

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Describe the method of excavation proposed (trenchless, trenched etc.)

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Date(s) of excavation or construction: \_\_\_\_\_

For excavations, method of restoration proposed:

- Permittee to restore right-of-way
- City to restore right-of-way
- Degradation fee in lieu of restoration

*Please note the City may choose to have permitted restore the ROW or the City may elect to restore the ROW itself*

Please attach the following to this application:

- For excavations, scaled plans created by a licensed professional illustrating the project location and area of the proposed project and the location of all known existing and proposed utility locations of any type
- For excavations, detailed plans for restoration
- For obstructions without excavations, a sketch illustrating the project location and area of the proposed project
- For all applications, the name, cell phone, email address, and mailing address of a local designees for the proposed activity who shall be available at all times

- For all applications, a certificate of insurance or self-insurance meeting the requirements of Arlington Ordinance 253 (Rights-of-Way and Easement), as may be amended.
- The application permit fee.

Acknowledgements:

- By checking here I acknowledge I have received, read, and understood City of Arlington Ordinance No. 253 entitled "An Ordinance to Administer and Regulate the Public Right-of Way and Easements in the Public Interest, and to Provide for the Issuance and Regulation of Right-of-Way and Easement permits within the City of Arlington, Minnesota", as may be amended.
- By checking here I agree to notify the City Administrator in writing when excavation work proposed is herein is complete. I further agree to make the work-site available to City Personnel and all others authorized by law for inspection at all reasonable times during the execution of the activity and upon completion of the work.
- By checking here I acknowledge and agree that by applying for and accepting a permit for right of way excavation or obstruction the Permittee agrees to defend and indemnify the City in accordance with the provisions of Minnesota Rule 7819.1250, as may be amended.
- By checking here I agree to provide as-builts of any completed construction activity as may be required by the City of Arlington.

Signatures:

By signing this application form, I agree that all fees and expenses incurred by the City *for the processing of this application, including costs for professional services, are the responsibility of the applicant and property owner to be paid immediately upon receipt or the City may approve a special assessment for which the property owner specifically agrees to be to be assessed for 100 percent per annum and waives any and all appeals under Minnesota Statutes Section 429.081 as amended. All fees and expenses are due whether the application is approved or denied. Aforementioned expenses are over and above any required permit application fee.*

*Continued on next page*

*I, the undersigned, hereby apply for the considerations described above and declare that the information and materials in support of this application are in compliance with adopted City policy and ordinance requirements are complete to the best of my knowledge. I further certify that I am authorized to sign and submit this application. I understand that this application will be processed in accordance with established City review procedures and Minnesota Statutes Section 15.99 as amended, at such time as it is determined to be complete. Pursuant to Minnesota Statutes Section 15.99, the City will notify the applicant within fifteen (15) business days from the filing date of any incomplete or other information necessary to complete the application. Failure on my part to supply all necessary information as requested by the City may be cause for denying this application.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY: ROUTE TO ZONING OFFICIAL**

**Date Submitted:** \_\_\_\_\_ **Date Complete:** \_\_\_\_\_

**Zoning Administrator Action (circle One):** Approval/Denial **Date of Action:**

**Date Applicant/Property Owner notified of Zoning Administrator Action:**

**Filed in Address File:**