Haven Township P.O. Box 339

P.O. Box 339 St. Cloud, MN 56302-339

(320) 248-5866 (Mike Zniewski – Clerk)

(320) 492-6241 (Mark Knowles – Road Supervisor)

Application for Right-of-Way / Utility Work Permit			
Right of Way / Utility Work Permit	\$200 Application fee, plus \$35 per hour and mileage	Receipt No	
	\$ Total Paid	Date of Complete Application: (for office use only)	
Fees are Non-Refundable			
	To be completed by Applicant	 t	
Applicant's Name:			
Phone:	Cell Phone):	
Email:			
Address of Mark Cita			
Address of Work Site:			
Description of work start and en	1dpoints:		
Sub-Contractor:	Phone:		
Contact Person:	Phone:		
Type of Utility:			
Cable Electric Gas Phone Other:			
Type of Construction:			
New Repair	_ Service Other:		
Method of Construction:			
Overhead (Clearance to Town Road 20') Open Cut/Hole Trenchless			
Proposed Depth	County Road Boring (60" minimur	m)	
Other:			

Will traffic be obstructed? Yes No		
Will roadbed be disturbed? Yes No		
Lane closure or detour? Yes No		
ROW obstructions installed? Yes No		
Projected Start Date:		
Expected 70% Turf Established Date:		

GENERAL INFORMATION

The authority to grant and regulate this permit with any special conditions are subject to the provisions established by Haven Township Ordinances. Permittee agrees to comply with all township, County, State and Federal laws, rules and ordinances when working in the Town Right-of-Way.

An approved permit allows the applicant to perform work within the limits of a Town Road Right-of-Way. It shall be obtained prior to work being performed.

If required, each application for a permit must be submitted in triplicate accompanied by drawings (3) indicating the location of the proposed utility with reference to the town road centerline and right-of-way line. In some cases additional drawings and/or text may be required to describe the proposal.

The research, determination, and verification of the actual extents of the Town Road Right-of-Way are the sole burden and responsibility of the applicant. All work performed outside the Town Road Right-of-Way must be coordinated with any and all affected land owners.

Per Minnesota Administrative Rule 7819.1250, Haven Township, its officials and employees shall be held harmless from any damages, interruption of services, loss of business or other pecuniary losses arising from granting of the permit or from the applicant's lack of research, determination and verification of the actual extent of the Town Road Right-of-Way. The permittee shall defend, indemnify and hold-harmless Haven Township from and against any and all claims of liability as provided in Rule 7819.1250.

Temporary traffic control zones shall be established per the Minnesota Manual on Uniform Traffic Control Devices for any construction or occupation of the travel lanes of a roadway that impacts the normal flow of traffic. Proposed detours must be approved.

Any private utility is the responsibility of the owner. The owner is responsible to register the utility with GOPHER ONE. Any damage to an unlocated private utility during construction by a permitted utility is the responsibility of the owner.

AUTHORIZATION OF PERMIT

BY SIGNATURE, the Applicant and/or its agent agree to accept and comply with all conditions and provisions for the installation of facilities and responsibility for the restoration of Town right-of-way as established by Haven Township Ordinances. All modifications and/or adjustments to existing facilities caused by roadway improvements, utility improvements, utility failures, etc. shall be born solely by the utility owner with no compensation by Haven Township. Failure to adhere to these provisions is grounds for revocation of the permit.

Applicant's Signature:	Date:
Print Name of Applicant:	
Telephone Number:	Cell Phone:
Email Address:	
, , ,	ndowner(s) agree to permit the Town to enter the inspecting the applied and/or permitted use.
	an emergency, please list the date of the ribe the emergency and give any pertinent details:
Authorization:	Date:
Final Inspection:	Date:
AFTER ALL WORK & 70% TURE Return To: Mike Zniewski Haven Township Clerk P.O. Box 339 St. Cloud, MN 56302	FESTABLISHMENT – SIGN, DATE & RETURN
Date Completed:///	
Name of Applicant:	