



**CITY OF COON RAPIDS
APPLICATION FOR RIGHT-OF-WAY PERMIT**

EXCAVATION PERMIT (below ground)

OBSTRUCTION PERMIT (above ground)

Attached Plan Submitted by (Applicant Company Name): _____

Joint Application (Company Names) _____

GSOC Registration #:	Company Project # or Work Order #:
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Location of Work: _____

From and To (Address/Location): _____

Applicant: _____ 24 Hour Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Work: _____ 24 Hour #: _____

Cell #: _____ Fax: _____

Email (Required): _____

General Contractor (if not applicant): _____

Work #: _____ 24 Hour #: _____

Contact Person: _____

Work #: _____ Home #: _____ Cell #: _____

Subcontractor 1: _____ Subcontractor 2: _____

Check all that apply below:

FACILITIES INFORMATION							
<input type="checkbox"/>	Cable TV	<input type="checkbox"/>	Telecommunications	<input type="checkbox"/>	Electrical - Voltage:	<input type="checkbox"/>	Conduit (size & kind):
<input type="checkbox"/>	Gas	<input type="checkbox"/>	Fiber Optic	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Cable (size & type):
PURPOSE OF CONSTRUCTION							
<input type="checkbox"/>	New	<input type="checkbox"/>	Replacement	<input type="checkbox"/>	Repair	<input type="checkbox"/>	Other:
TYPE OF CONSTRUCTION							
<input type="checkbox"/>	Trench	<input type="checkbox"/>	Hole	<input type="checkbox"/>	Aerial	<input type="checkbox"/>	Plow
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Directional Bore	<input type="checkbox"/>	Other:
CONSTRUCTION DETAILS							
Excavation Size	Length:	Width:	Depth:	Total Linear Footage Installed (ROW):			
ROW being used	Driving Lane	Parking Lane	Boulevard				
CONSTRUCTION SCHEDULE							
Estimated Starting Dates:			Weekend Dates:				
Estimated Ending Dates:			After Hour Dates:				

Applicant's Signature

Date: _____

Send completed application to: ROWpermits@coonrapidsmn.gov

APPLICATIONS MUST BE SUBMITTED VIA EMAIL FOR CONSIDERATION

Date Received:
Fee: \$
Approval Date:
Permit Number:
Approved By: