City of Atwater 322 Atlantic Avenue West PO Box 435 Atwater, MN 56209 320-974-8760	**RIGHT—WAY—APPLICATION EXCAVATION PERMIT**	**PERMIT FEE** IN YARD—$25 IN ROAD—$200

Applicant:	Telephone:	Address: (City, State, Zip)
Contractor:	Telephone:	Address: (City, State, Zip)

Location of Proposed Work: (City /Township) (County) (N-S-E-W) **SPECIFIC ROAD INTERSECTION OR LANDMARK**

DESCRIBE WORK:

CLASS OF WORK: ☐ NEW ☐ ADDITION ☐ ALTERATION ☐ REPAIR ☐ SERVICE LINES

SURFACE TO BE DISTRUBED: (Check Appropriate Box)
☐ Roadway ☐ Shoulder ☐ Concrete ☐ Bituminous
☐ Gravel ☐ Turf Only ☐ Other (Explain) _____

DEPTH OF EXCAVATION BELOW SURFACE:	NUMBER & SIZE OF EXCAVATION:	METHOD OF INSTALLATION/CONSTRUCTION:
WORK TO START ON OR AFTER:	WORK TO BE COMPLETED BY:	IS TRAFFIC DETOUR NECESSARY?: ☐ Y ☐ N (If Yes, Traffic Control Plan is Required)

Will the proposed work be conducted within a City construction project area? ☐ Yes ☐ No

Is work within a Critical Natural Gas Facilities area? ☐ Yes ☐ No
(If **YES**, a Gas Safety Plan **MUST** be attached to this application)

Will work affect vehicular traffic? ☐ Yes ☐ No
(Please provide traffic plan—7 days notice will be necessary.) All traffic control devices shall comply with latest edition of **MMUTCD**.

Will curb and gutter/sidewalk be removed to complete the proposed work? ☐ Yes ☐ No
(Please complete the Driveway/Sidewalk/Curb and Gutter Permit.)

NOTICE: The undersigned applicant hereby agrees to comply with applicable statutes. Rules, and the standard conditions and special provisions of this permit. The applicant understands and agrees that no work in connection with this applications will be started until application has been approved and the permit is issued.

This permit becomes null and void if work or construction authorized is not commenced within 60 days, or if construction or work is suspended or abandoned for a period of 120 days at anytime after work is commenced.

The applicant is aware of circumstances or hazards that may arise while performing the work associated with this application that could result in injury, or death, and the applicant assumes the risk of such circumstances, dangers and hazards, whether reasonably foreseeable or not.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not, the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Name & Title:	**Deposit Type**
Signature:	Check # _____
Email Address:	Cashiers Check # _____
	Certified Check# _____

_____ **Date All Work To Be Completed By**	_____ **Head of Maintenance Dept. Signature**	_____ **Date of Authorized Signature**