

**CITY OF OLIVIA**  
**1009 West Lincoln Avenue**  
**Olivia, MN 56277**  
**TELEPHONE (320) 523 – 2361 / FAX (320) 523 – 1416**

**APPLICATION FOR RIGHT-OF-WAY PERMIT**

Attached Plan Submitted by (Applicant) \_\_\_\_\_

Joint Application (Company Name) \_\_\_\_\_

Location
From and To (Address/Location) _____
_____
_____

Applicant			
Applicant _____	24 Hour Phone _____		
Address _____	City _____	State _____	Zip _____

Contact Person \_\_\_\_\_ Work Phone \_\_\_\_\_ 24 Hour # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Pager# \_\_\_\_\_

General Contractor \_\_\_\_\_

Pager/Cell Phone # \_\_\_\_\_ Work Phone \_\_\_\_\_ 24 Hr. # \_\_\_\_\_

Sub Contractor #1 \_\_\_\_\_

Sub Contractor #2 \_\_\_\_\_

Contact Person \_\_\_\_\_ Work Phone \_\_\_\_\_ Pager/Cell # \_\_\_\_\_ 24 Hr # \_\_\_\_\_

Facilities information			
Cable TV _____	Conduit (Size & Kind) _____	Gas Pressure _____	
Water _____	Sewer _____		
Electric Voltage _____		Cable (Size & Type) _____	
Telecommunications _____	Fiber _____	Other _____	

Purpose of Construction			
New _____	Replacement _____	Repair _____	Other _____

Type of Construction			
Trench _____	Hole _____	Chamber _____	Bore (Specify) _____
Aerial _____	Plow (Specify) _____	Other _____	

Construction Details							
	<u>Length</u>	<u>Width</u>	<u>Depth</u>				
Excavation Size _____							
ROW being used _____	Driving Lane _____	Parking Lane _____	Sidewalks _____	Blvd. _____			
Type of Material _____	Concrete _____	Bituminous _____	Gravel _____	Sod _____	Field Grass _____	Trees _____	Shrubs _____
Structures _____	Curb & Gutter _____	Sidewalk _____	Signals _____	Other _____			
Shoulders _____	Bituminous _____	Gravel _____	Road Signs _____	Culvert _____	Other _____		

Construction Schedule	
Start Date _____	End Date _____

The undersigned agrees to the terms and conditions of the regulations of the City Ordinance and agrees to comply with policy.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Date Received _____	Approval Date _____	City of Olivia Authorization Signature _____
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