## **City of Kandiyohi**

## Excavation Permit Application 432 Atlantic Ave PO Box 276 Kandiyohi, MN 56251 320-382-6110

cityofkandiyohi@gmail.com

Job Address			Parcel #						
	Lot #		Block			Tract			
Legal Description									
Owner		Address	Address			Phone			
Contractor		Address	Address			Phone			
Engineer		Address	Address				Phone		
1. Description	of Work & Method of	f Installation							
Telecommunications	Storm Sewer	Water	Sanitary	Driveway		Gas	0	ther	
c) approx. dis d) label w/nor 3. Will Propos 4. Will Propos	its of right-of-way excitance proposed work in the arrow, street addressed Work Require Full sed Work Require Distribution of the amended with sed Out by City):	is from street ce ess & closest into or Partial Closur urbance of Stree	enterline or back ersection. re of Street? et Surface? reement between the O	of curb.  Yes  Yes		No No	y Standard	ls.	
ALL CONCRETE DI		IDD 9 CUTTED	Notice	/E ADDON') SHALL	DE DEDI	ACED /	T DEDMAIT	TEE'S	
EXPENSE.	EMOVED IN R.O.W.(CU E until Street Restorat			·	BE KEPL	ACED A	AI PERMIII	IEE.2	
DO NOT EXCAVAT	E until Gopher State C	one has been co	ntacted: 811	_					
DO NOT EXCAVAT	E until Public Works h	as been contact	ed: 320-905-944	5					
THIS PERMIT BECOMES NULL & 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 ANY TIME AFTER WORK IS COMMEN					IF	For City Use Only: Application Accepted By:			
PROVISIONS OF LAWS A NOT, THE GRANTING OF	ND ORDINANCES GOVERNING A PERMIT DOES NOT PRESUM	THIS TYPE OF WORK V E TO GIVE AUTHORITY	AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL K WILL BE COMPLIED WITH WETHER SPECIFIED HEREIN OR CONTROL TO VIOLATE OR CANCEL THE PROVISIONS OF ANY DRMANCE OF CONSTRUCTION.			Permit Fee: \$ Permit Validation: Fee Received:			
Signature of Owner	, Contractor or Authorize	ed Agent Performi	ing:	Date:		Yes	N	lo	
						Approv	ed for Issu	uance	By: