



**Right-of-Way Permit Application**

5959 Main Avenue

P.O. Box 9

Albertville, MN 55301

Phone: 763-497-3384 Fax: 763-497-3210

Date Received \_\_\_\_\_  
 Date Notified \_\_\_\_\_  
 Date Paid \_\_\_\_\_  
 Check#/Cash \_\_\_\_\_  
 Permit # \_\_\_\_\_

**Project Location:** \_\_\_\_\_

**The Applicant is:** \_\_\_\_\_ Owner \_\_\_\_\_ Contractor

**Owner:**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone (W) \_\_\_\_\_ (C) \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Gopher One Call Registration Certificate No. \_\_\_\_\_

**Contractor:**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone (W) \_\_\_\_\_ (C) \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Gopher One Call Registration Certificate No. \_\_\_\_\_

**Local Contact:**

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

\*Note: Local contact must be available 24 hours per day.

Policy number on Certificate of Insurance or Self-Insurance \_\_\_\_\_

\*\*Note: See attachment for requirements

**Type of Work:**

**Begin Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Description of Work: (Length & Location)** \_\_\_\_\_

**Estimated Valuation of Work:** \_\_\_\_\_

*I hereby certify that I have read and examined the application and understand that all work which is being performed shall comply with the approved plans and specifications submitted. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.*

\_\_\_\_\_  
 Applicant's Printed Name                      Applicant's Signature                      Date

Right-of-Way Permit Fees	
Registration Fee	_____
Excavation Permit Fee	_____
Obstruction Permit Fee	_____
Permit Extension Fee	_____
Delay Penalty	_____
<b>TOTAL</b>	_____

Interdepartmental Review		
Dept	Date	Approved
Engineer	_____	_____
Public Works	_____	_____
Other	_____	_____

\_\_\_\_\_  
 Approved by Public Works Supervisor                      Date

Final Inspection Date: \_\_\_\_\_ Pass or Fail \_\_\_\_\_

Public Works Supervisor Signature

Performance Bond/Escrow Amount: \_\_\_\_\_

Special Conditions or Comments: \_\_\_\_\_



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### Certificate of Insurance or Self-Insurance Requirements

The following insurance requirements shall apply:

1. The insurance policy shall be issued to the registrant by an insurance company licensed to do business in the State of Minnesota, or a form of self-insurance acceptable to the City of Albertville.
2. The registrant shall be insured against claims for personal injury, including death, as well as claims for property damage arising out of the: a) use and occupancy of the right-of-way by the registrant, its officers, agents, employees and permittees; and b) placement and use of facilities and equipment in the right-of-way by the registrant, its officers, agents, employees and permittees, including, but not limited to, protection against liability arising from completed operations, damage of underground facilities and collapse of property.
3. The City and its agents shall be listed as an additional insured as to whom the Coverage's required herein are in force and applicable and for whom defense will be provided as to all such Coverage's.
4. The City shall be notified thirty (30) days in advance of cancellation of the policy or material modification of a coverage term.
5. The following insurance Coverage's shall be required:
  - Comprehensive General Liability Insurance \$1,000,000  
(Combined single limit, including bodily liability and property damage liability)
  - Worker's Compensation Insurance and Employees' Liability Insurance \$1,000,000  
(Combined single limit, including bodily injury, sickness, disease and death liability)
  - Automobile, Bodily Injury and Property Damage Liability Insurance \$1,000,000  
(Combined single limit bodily injury and property damage liability)

The policy shall be a standard form policy provided for by a carrier approved by the State of Minnesota and **having an "AM BEST" ratings of A- and FSC VIII or better**. The policies shall not contain any exclusions that will restrict coverage on any operations performed.