



Permit # _____

Right of Way / Sidewalk Permit Application

Submit Applications to: permits@pinecitymn.gov

Scheduling: 320-438-1019

This application becomes a Numbered Permit after the review is complete and payment of fees.

Work is **not** to begin prior to issuance. **All** information is required and **must** be completed.

Site Address: _____ **Property ID #** _____

Property Owner Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone #: _____ **Email:** _____

Applicant: **Contractor or** **Owner ~ Is this rental property?** **Yes** **No ~** **Commercial** **Residential**

Contractor Company Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone #: _____ **Email:** _____

Registered as an annual installer? **Yes** **No ~ If "No", contact Pine City to obtain this form**

Applicant Name: _____ **Phone #:** _____

Emergency Name: _____ **Phone #:** _____ **Email:** _____

Type of Permit

Emergency **Excavation** **Obstruction/Aerial Interduct**

Pole Attachment **Small Cell** **Sidewalk**

Purpose of Construction

New **Repair** **Replacement** **Other**

Project Description/Type of Construction/Special directions to job site: _____

City of Pine City

1015 Hillside Ave SW, Suite 2, Pine City, Minnesota 55063 | Phone: 320.629.2575

Email: info@pinecitymn.gov | Website: pinecity.govoffice.com

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Type of Construction

Aerial Bore (Specify) _____ Chamber Hole
Plow (Specify) _____ Other _____ Trench

Facilities Information

Cable TV Gas Traffic High Pressure Low Pressure
Storm Sewer Water Sanitary Sewer

Storm Sewer cable (size & type) _____

Conduit/Water Service (size & material) _____

Electric Voltage _____

Telecom Fiber Other _____

Construction Details

Excavation Size: Length _____ Width _____ Depth _____ Total linear footage installed _____

ROW being used: Driving Lane Parking Lane Sidewalk Blvd Median

Type of Material

Bituminous Concrete Field Grass Gravel Sod Trees & Shrubs

Structures

Curb & Gutter Sidewalk Signals Other _____

Construction Schedule

Estimated Start date: _____ Estimated End date: _____

Working daytime hours (Start – End) _____ Weekend/After Hours dates: _____

Comments

(If this box is checked) Prior to any work being done in the ROW (Including Gopher State Locates) the permit holder shall notify any affected property owners of the planned work to be done in the ROW.

Call Gopher One. Call for utility locations before you dig: 651-454-0002 or 1-800-252-1166

Be sure to include your sketch, sign, date & return all 3 pages

Office Use Only

Date all required information was received: _____ Total Permit Fee: _____

Approval: _____ Date: _____

Payment Received by: _____ Tender Type: _____ Date: _____

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Provide aerial sketch of property with proposed structures, show distance between property lines and structures



Site Address _____

Large rounded rectangular area for aerial sketch.

The undersigned acknowledges the above information is correct and accepts responsibility for compliance with all applicable laws and ordinances of the ruling jurisdiction.

Applicant Signature: _____ Date: _____

Zoning Use Only: Width in ROW _____ Width outside of ROW _____

Surface Material _____ Setbacks _____ Impervious Surface _____

Other Notes: _____

Zoning Approval: _____ Date: _____

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