



PERMIT # _____

RIGHT OF WAY PERMIT APPLICATION

Submit Applications to: Permits@rumrivercc.com Scheduling: 763-331-7722

**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 IS THE: **CONTRACTOR** **OWNER ~** **PROPERTY TYPE:** **COMMERCIAL** **RESIDENTIAL**

CONTRACTOR COMPANY NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # _____ EMAIL _____

APPLICANT NAME _____ PHONE # _____

RIGHT OF WAY SIDEWALK

PROJECT DESCRIPTION: _____

BE SURE TO:

- 1. COMPLETE AND SUBMIT PAGE 2 OF THIS APPLICATION.**
- 2. CALL GOPHER ONE. CALL FOR UTILITY LOCATIONS BEFORE YOU DIG:**
METRO AREA: 651-454-0002 ~ OUTSIDE METRO AREA: 1-800-252-1166

OFFICE USE ONLY

DATE **ALL** REQUIRED INFORMATION WAS RECEIVED: _____

APPROVAL:

ZONING _____ DATE _____

PAYMENT INFO:

PAYMENT RECEIVED BY _____ TOTAL PERMIT FEE \$ _____

CASH _____ CK# _____ LAST 4 CC# _____

RECEIPT #: _____ DATE _____

PROVIDE AERIAL SKETCH OF PROPERTY WITH PROPOSED STRUCTURES, SHOW DISTANCE BETWEEN PROPERTY LINES AND STRUCTURES



SITE ADDRESS _____

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 _____