

Permit #: \_\_\_\_\_

City of Detroit Lakes, 508 Front Street E., Detroit Lakes, MN 56501  
 Telephone (218) 847-4637

## APPLICATION FOR RIGHT OF WAY EXCAVATION PERMIT

Joint Application - Company Names: \_\_\_\_\_

GSOC Registration # \_\_\_\_\_ Plan # \_\_\_\_\_ Project # \_\_\_\_\_

Location / Address: \_\_\_\_\_

From and To \_\_\_\_\_

(Intersection): \_\_\_\_\_

Applicant Name: \_\_\_\_\_ 24 Hour Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Work Phone: \_\_\_\_\_ 24 Hr.#: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Pager #: \_\_\_\_\_ Fax: \_\_\_\_\_

General Contractor: \_\_\_\_\_ GSOC Reg.#: \_\_\_\_\_

Work Phone: \_\_\_\_\_ 24 Hr. #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile/Cell# \_\_\_\_\_

Sub Contractor: \_\_\_\_\_ GSOC Reg.#: \_\_\_\_\_

### FACILITIES INSTALLATION OR REPAIR INFORMATION

Electrical	Voltage:	Heating	Cooling	Water	Sewer
Gas:	High Pressure	Low Pressure		Fiber	Other:
Telecommunication (Transportation of telecommunications or other voice or data information)					
Cable TV (Distribution of broadcast-type programming, signal, message, graphics, data or communication content service)					
Conduit (size & type):			Cable (size & Type):		

### PURPOSE OF CONSTRUCTION

New	Replacement	Repair	Other:
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### TYPE OF CONSTRUCTION

Trench	Hole	Chamber	Bore (specify)
Arial	Plow (specify)		Other:

### CONSTRUCTION DETAILS

Excavation Size:	Length:	Width:	Depth:	Total Linear Footage:	
R.O.W. being used:	Driving Lane	Parking Lane	Sidewalk	Blvd.	Other:
Type of Material:	Concrete	Bituminous	Gravel	Sod	Field Grass
Structures:	Curb & Gutter	Sidewalk	Signals	Other:	
Shoulders:	Bituminous	Gravel	Road Signs	Culvert	Other:

### CONSTRUCTION SCHEDULE

Estimated Starting Date: \_\_\_\_\_ Weekend Dates: \_\_\_\_\_

Estimated Ending Date: \_\_\_\_\_ After Hour Dates: \_\_\_\_\_

**\*\* A PLAN OF THE PROPOSED AREA WHERE THE WORK WILL TAKE PLACE MUST BE SUBMITTED \*\***

Applicant's Signature: \_\_\_\_\_ Approved by: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_