



City of Braham

Streets & Right of Way Excavation Permit Application

APPLICANT		APPLICANT PHONE (direct)		APPLICANT FAX	
APPLICANT EMAIL					
APPLICANT ADDRESS					
COMPANY NAME		COMPANY PHONE		COMPANY FAX	
COMPANY ADDRESS		CITY		STATE	ZIP
GOPHER STATE ONE-CALL REGISTRATION NUMBER			COMPANY EMAIL		
24-HOUR EMERGENCY CONTACT NAME			24-HOUR EMERGENCY CONTACT NUMBER		
LOCATION LIMITS (describe specific sites on page two, up to 15 sites/permit)					
DESCRIPTION OF WORK (attach additional pages if needed)					
CONSTRUCTION START		DAYS OF CONSTRUCTION		COMPLETION DATE	
<p>ACKNOWLEDGMENT</p> <p><i>By signing this application, I (the applicant/company) hereby acknowledge that I must adhere to all provisions of City of Braham Ordinance 277 and any other applicable city ordinances and state and federal laws, including Minnesota Statutes Sections 237.162 and 237.163, in addition to the terms and conditions which are attached to this document. The applicant shall also comply with the regulations of all other governmental agencies for the protection of the public.</i></p> <p>SIGNATURE: _____ DATE: _____</p> <p>TITLE: _____</p>					

REQUIRED DOCUMENTS TO APPLY:

- | | |
|--|---|
| <input type="checkbox"/> Permit Fee | <input type="checkbox"/> Performance bond on file and proof of insurance |
| <input type="checkbox"/> (1) set of construction plans and (1) electronic copy | <input type="checkbox"/> Certificate of Insurance from State of MN licensed company |
| <input type="checkbox"/> Design plan/route for backhaul | <input type="checkbox"/> Certificate of authority to do business in the state and in the City (if applicable) |
| <input type="checkbox"/> \$100 fee plus \$3,000 deposit per opening | |

FOR OFFICE USE ONLY			
APP REC'D:	PERMIT FEE REC'D: / /	CHECKS ONLY	PERMIT NUMBER:
	AMOUNT:		
SIGNATURE:			PERMIT ISSUE DATE:
TITLE:			APPROVED DENIED

STREETS & RIGHT OF WAY EXCAVATION PERMIT NOT VALID UNLESS SIGNED BY CITY OF BRAHAM STAFF