

City of Elysian
LAND USE ROW PERMIT REQUEST APPLICATION
110 Main Street West, PO Box 246, Elysian, MN 56028
Phone 507-267-4708 Fax 507-267-4750

Applicant Name: _____ Phone: _____
Address: _____
Legal Description of Parcel: _____
Address of Property if Applicable: _____

Summary of Request (attach additional sheets as required by Ord. 89-18).

I have read the attached copy of Ordinance 89-18, and I understand that with submission of this application I am fully responsible for all requirements of the ordinance including restoration and inspection.

Additional information may be needed or conditions may exist that would prevent the actual granting of a request. Submittal of the required information does not guarantee the issuance of a permit.

Signature of Applicant: _____ Date: _____

To Be Completed By Applicant:

- (a) Attach scaled drawings showing the location and area of the proposed project and the location of all known existing and proposed facilities, and the following information:
1. Each permittee's name, Gopher One-Call registration certificate number, address and e-mail address, if applicable, and phone number.
 2. The name, address and e-mail address, if applicable, and phone number of a local representative. The local representative shall be available at all times. Current information regarding how to contact the local representative in an emergency shall be provided at the time of registration.
 3. A certificate of insurance or self-insurance:
 - i. Verifying that an insurance policy has been issued to the permittee by an insurance company licensed to do business in the State of Minnesota, or a form of self-insurance acceptable to the director;

- ii. Verifying that the permittee is insured against claims for personal injury, including death, as well as claims for property damage arising out of the (1) use and occupancy of the right-of-way by the permittee, its officers, agents, employees and permittee's, and (2) placement and use of facilities and equipment in the right-of-way by the permittee, its officers, agent, employees, and permittees, including, but not limited to, protection against liability arising from completed operations, damage of underground facilities and collapse of property;
- iii. Naming the city as an additional insured as to who the coverage's required herein are in force and applicable and for whom defense will be provided as to all such coverage's;
- iv. Requiring that the director be notified thirty (30) days in advance of cancellation of the policy or material modification of a coverage term;
- v. Indication comprehensive liability coverage, automobile liability coverage, workers compensation and umbrella coverage established by the director in amounts sufficient to protect the city and the public and to carry out the purposes and polices of this chapter.
- vi. The city may require a copy of the actual insurance policies.
- vii. If the person is a corporation, a copy of the certificate required to be filed under Minn. Stat. 300.06 as recorded and certified to by the Secretary of State.
- viii. A copy of the person's order granted a certificate of authority from the Minnesota Public Utilities Commission or other applicable state or federal agency, where the person is lawfully required to have such certificate from said commission or other state or federal agency.

(b) Payment or money due the city for:

- 1. Permit fees, estimated restoration costs and other management costs;
- 2. Prior obstructions or excavations;
- 3. Any undisputed loss, damage, or expense suffered by the city because of applicant's prior excavations or obstructions of the rights-of-way or any emergency actions taken by the city;
- 4. Franchise fees or other charges, if applicable.

Zoning Request Fee: Payable with Application (make check payable to City of Elysian): \$250 or \$.50 per square feet, whichever is greater

For Office Use Only.

Date Application Deemed Accepted: _____ Staff Initials: _____

____ Approved ____ Denied

Comments on Action: _____

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Supplemental Written Information Provided to Applicant: _____