



# 2012 STREET EXCAVATION PERMIT APPLICATION

City of Robbinsdale

4100 Lakeview Avenue North

Robbinsdale MN 55422

Phone (763) 531-1268 Fax (763) 531-1200

Applications and additional information can be emailed to: [permits@ci.robbinsdale.mn.us](mailto:permits@ci.robbinsdale.mn.us)

**DATE:** \_\_\_\_\_

APPLICATION / PERMIT NO (Office Use Only): \_\_\_\_\_

**JOB ADDRESS:** \_\_\_\_\_

**OWNER INFORMATION:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

**CONTRACTOR INFORMATION:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

CITY LICENSE #: \_\_\_\_\_

**Value of Work:** \$ \_\_\_\_\_

**Estimated Start Date:** \_\_\_\_\_

**Description of Work:** \_\_\_\_\_

**TYPE and SIZE of Pipes:** \_\_\_\_\_

**Number of Street Openings:** \_\_\_\_\_

**1st opening:** width= \_\_\_\_\_ length= \_\_\_\_\_ depth= \_\_\_\_\_

**2nd opening** (if applicable): width= \_\_\_\_\_ length= \_\_\_\_\_ depth= \_\_\_\_\_

- Water taps to be made before 2 p.m.
- Notify Utility Supervisor at 763-531-1202 at least 24 hours in advance.
- Contractors *must* call 763-531-1268 for backfill inspection **PRIOR** to backfilling.
- Granular fill **ONLY**, with compaction in one-foot lifts, is required.

It is understood that this permit is conditioned such that the permittee agrees to perform all work in accordance with all ordinances, standards, regulations and requirements of the City of Robbinsdale, the State of Minnesota and any Federal Laws, Rules and Regulations which are applicable to the work proposed, and the permittee hereby agrees to release, indemnify and hold harmless the City of Robbinsdale from any and all claims for injury or damages which may arise as a result of work performed under this permit. All provisions of the laws and ordinances governing this type of work will be complied with whether specified herein or not, the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PERMIT FEES**

Please check (✓) all that apply:

\_\_\_\_\_ WATER INSTALLATION

\_\_\_\_\_ WATER REPAIR

\_\_\_\_\_ WATER DISCONNECTION

\_\_\_\_\_ SEWER INSTALLATION

\_\_\_\_\_ SEWER REPAIR

\_\_\_\_\_ SEWER DISCONNECTION

\_\_\_\_\_ OTHER (explain) \_\_\_\_\_

The street repair minimum fee is for the first 30 square feet. Each additional square foot is a fee of \$6 per square ft.

Permit Fee: .....\$ 75

Minimum Street Repair Fee: 250

Extra Footage Fee: \$ \_\_\_\_\_

Other Fee(s): \$ \_\_\_\_\_

Total Permit Fee(s): \$ \_\_\_\_\_

We accept MasterCard, Visa, American Express, Discover, cash or checks. For charge card payments, please use the "Charge Card Information Form"

## CHARGE CARD INFORMATION

(We accept MasterCard, Visa, American Express and Discover)

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1) To make a payment by charge card, please furnish the following information:

**Type of Charge Card** \_\_\_\_\_

**Charge Account Holder's Name** \_\_\_\_\_

**Charge Account Number** \_\_\_\_\_

**Charge Card Expiration Date** \_\_\_\_\_

2) For security purposes and to guard against fraud, we need the following information:

**Numerical Address where Charge Card Bill is Mailed** \_\_\_\_\_

(For example, if the charge card you are using has a billing address of 4100 Lakeview Ave. N., Robbinsdale, MN 55422, the "numerical address" entered on this line is; 4100)

**Zip Code where Charge Card Bill is Mailed** \_\_\_\_\_

(For example, if the charge card you are using has a billing address of 4100 Lakeview Ave. N., Robbinsdale, MN, 55422, the zip code entered on this line is; 55422)