

VERMILLION TOWNSHIP

APPLICATION FOR RIGHT OF WAY PERMIT

Project Address/Location	City	Anticipated Start and End Date
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Owner

Name	Street Address	City/State/Zip
Phone Number	Owner Email Address	

Applicant (If Other Than Owner)

Name	Street Address	City/State /Zip
Applicant Phone Number	Applicant Email Address	

Description Of Work To Be Performed

Please include a scaled drawing showing the specific location of the work to be performed along with the location and approximate depth of any facilities that will be installed within the township right-of-way.

Please List Any Subcontractors Working On This Project

Company Name	City/State	Contact Name	Contact Phone Number

Agreement

- * I hereby certify that the information contained herein is true and correct, and if permit is granted, agree to do the proposed work in accordance with the same terms and conditions originally imposed by the town board and according to the additional provisions of Section 516 of the ordinances of Vermillion Township, Dakota County, Minnesota.
- * Work performed within the township right-of-way must also comply with MN State Statues and MN State Rules.
- * I agree that any plans and specifications submitted herein shall become part of this Right of Way Permit Application.
- * I further agree to pay any additional cost incurred by the township in addition to the permit fee. These costs may include, but are not limited to, costs related to reviewing the request, conducting inspections, hiring professionals and other costs actually incurred and that directly relate to the owner/applicant's request.
- * A Certificate of Insurance will be required prior to start of any work.
- * Payment will be required whether the permit is granted or denied. If permit is granted, payment will be required prior to start of work.

Signature of Owner or Applicant (If Other Than Owner)

Date

Please send completed application to:

Vermillion Township
P.O. Box 16
Vermillion, MN 55085
 OR

Email: vermilliontownship@gmail.com

Township Use Only:

_____ Add to the _____ Agenda
 _____ Application Fee of **\$20.00** Received
 _____ Insurance Certificate Received
 _____ Notify Applicant (Approved OR Denied)

Any questions, please call the Clerk at 651-491-6603