City of Maplewood
1902 County Rd B E
Maplewood, MN 55109
(651) 249-2400
www.MaplewoodMN.gov

RIGHT-OF-WAY PERMIT APPLICATION

☐ Excavation Permit ☐ Emergency Permit ☐ Obstruction/Aerial Interduct Permit ☐ Pole Attachment Permit

Site Address:	City Permit #
Location:	Date Permit Requested:
Type of Construction:	

Applicant:	GSOC I.D. #
Address:	
Contact Person:	Work Phone:
Cell Phone:	24 Hour #:
Applicant Email:	

Contractor:	Work Phone:	GSOC I.D. #
Contact Person:	**Cell Phone:**	**24 Hour #**

Facilities Information

☐ Cable TV	☐ Traffic	☐ Storm Sewer	☐ Water	Conduit/Water Service(Size & Material):
☐ Gas	☐ High Pressure	☐ Low Pressure	☐ San. Sewer	
☐ Electric Voltage:			☐ Storm Sewer	Cable (Size &Type):
☐ Telecom.	☐ Fiber	☐ Other:		

Purpose of Construction

☐ New	☐ Replacement	☐ Repair	☐ Other:

Type of Construction

☐ Trench	☐ Hole	☐ Chamber	☐ Bore (Specify)
☐ Aerial	☐ Plow (Specify):		☐ Other:

Construction Details

Excavation Size — Length: **Width:** **Depth:** **Total Linear Footage:**

ROW being used:	☐ Driving Lane	☐ Parking Lane	☐ Sidewalk	☐ Blvd.	☐ Median	
Type of Material	☐ Concrete	☐ Bituminous	☐ Gravel	☐ Sod	☐ Field Grass	☐ Trees & Shrubs
Structures	☐ Curb & Gutter	☐ Sidewalk	☐ Signals	Other:		

Construction Schedule

Estimated Start Date:	Weekend Dates:
Estimated End Date:	After Hours Dates:

Comments

Utility Company: To be restored per plate number_____

☐ **(If box is checked) Prior to any work being done in the ROW (including Gopher State locates,) the permit holder shall notify any affected property owners of the planned work to be done in the ROW.**

Applicant must be registered in compliance with the Right-Of-Way Ordinance before a permit will be issued.

WARNING: Call Gopher State One Call before digging! – (651) 454-0002

Call for ROW inspections – Office: (651) 249-2400

Open cut windows must be provided over all City of Maplewood Utility Crossings:

Underground Utility Placement Minimum Depth (3')	Permit Approved By:
Underground Utility Placement Minimum Depth (4')	Date of Approval:

Applicant Signature: _____

Date: _____

Permit Fees

☐ Cash	Fee: $
☐ Check	Penalty: $
☐ Billed	Total : $