

CITY OF LAKE ELMO

3880 Laverne Avenue North Lake Elmo, Minnesota 55042

Phone: 651.747.3900

RIGHT-OF-WAY OR CITY EASEMENT **JOINT TRENCH EXCAVATION PERMIT** APPLICATION

Na	me and Address of Le	ead Utility (Permittee):	Name and Address	of Party Performin	ng Work:
	ontact:		Contact:		
DI.			Phone:		
Phone: 24-Hour Emergency Phone:			24-Hour Emergency Phone:		
En	nail address:		Email address:		
1.	Utility Type: (Check all that apply)	Company Name	Total Installation Length (Ft.) (Column A)	Joint Trench (Ft.) (Column B)	Additional Footage (Ft.) (Column A–B)
	☐ Gas Main				
	☐ Gas Service				
	☐ Electric Main				
	☐ Electric Service				
	☐ Telephone Main ☐ Telephone Service				
	☐ Cable Main				
	☐ Cable Service				
	□ Other				
		TOTALS:	Line (1)		Line (2)
2.	Attach Joint Trench	installation detail providing su	rface depths, size and	type of pipes, con	duits and utilities
	gth of joint trench:	Line (3)	_ Dimensions of ex		

3.	Type of Surface to be Disturbed: ☐ Gravel ☐ Bituminous ☐ Concrete ☐ Boulevard				
4.	Location (House No., Street, Nearest Intersection, Development Name):				
	(Attach 5 copies of scaled drawings showing accurate right-of-way information, topographic information, and planned installation.)				
5.	Work to start on or after and to be completed on or before				
6.	Will detouring of traffic be necessary? □ Yes □ No If so, describe routing:				
	For				
	(Applicant)				
	Signed By				
	Dated				
	Dated				

The date when the work is completed must be reported to the City of Lake Elmo.