

CITY OF OWATONNA
ENGINEERING DEPARTMENT

Phone: (507) 444-4350

540 West Hills Circle
Owatonna, MN 55060

Email: PublicWorks@ci.owatonna.mn.us

STREET OPENING PERMIT APPLICATION

NAME OF APPLICANT: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT PERSON: _____ PHONE NO.: _____

CONTACT EMAIL: _____

PROPERTY ADDRESS: _____

PROPERTY OWNER: _____

PURPOSE OF STREET OPENING:

OTHER:

STREET SURFACE:

MEASUREMENT OF OPENING: _____

- **Contractor shall furnish the City with a Certificate of Public Liability Insurance before construction commences in an amount of at least \$1,000,000 combined single limit or equivalent naming the City as "additional insured"**
 - INSURANCE RECEIVED:
- Contractor responsible for patching street in kind. Streets shall be patched within 72 hours or sooner as directed by Engineer.
- 24 hours' notice shall be given to the Engineering Department when any work will be completed
- **No Street Opening Permits issued between November 15 – March 15 without permission from the City Engineer**

I, We, the undersigned, herewith accept the terms and conditions of the City of Owatonna and agree to fully comply therewith to the satisfaction of the City Engineer. The work is to be done in strict conformity with the City Charter of Owatonna, Minnesota and the Ordinances of said city, regulating such work, under the supervision of the City Engineer.

DATE: _____ APPLICANT SIGNATURE: _____

FEES:

Permit Fee: \$200.00 Cash Check Receipt Number: _____
Account #: SR32280

DATE: _____ APPROVED BY: _____ PERMIT NO.: _____

City Engineer

NOTES: _____