Applicant's Permit No._____ City Permit No._____

City of Edina
Engineering Department
4801 West 50th Street
Edina MN 55424

APPLICATION FOR INSTALLATION OR REPAIR OF A UTILITY

(application must be signed by the registrant if registration is required by the City Code)

Applicant: _____

Applicant's Address:_____

Telephone Number of Local Contact_____

24 Hour Emergency Telephone Number:_____ **Pager Number:**_____

If the installation or repair is to be performed by a sub-contractor, complete the following:

Contractor: _____

Contractor's Address:_____

Telephone Number of Contractor_____

24 Hour Emergency Telephone Number:_____ **Pager Number:**_____

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Construction Information

Please attach scaled plans and drawings of any new utility installations

Description of Work: _____

_____

Location: _____

Surface to be Disturbed: Street Surface__ Sidewalk___ Boulevard___ Parkland___

Depth of Installation _____ **Dimensions of Excavations** _____

Method of Installation: _____

Describe Any Lane Closures or Detours: _____

_____

Linear Footage of Installation:_____

Estimated Starting Date: _____ **Estimated Completion Date:**_____

(over)

Do you wish to have the City perform restoration work? Yes ___ No___

If yes, the City will require a deposit of 150% of the estimated restoration cost prior to permit issuance.

The applicant, by signing this application, agrees to comply in all respects with the requirements of the Edina City Code and State law in performing the work and in restoring the right of way.

_____

Applicant's Signature

_____

Date

****

Office Use Only

Application Fee _____

Approved:_____

Date:_____

Permit Conditions_____

_____

_____

_____

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