



# CITY OF ORONO

**Street Address:**  
2750 Kelley Parkway  
Orono, MN 55356

**Mailing Address:**  
P.O. Box 66  
Crystal Bay, MN 55323-0066

**Phone:** 952-249-4600  
**Fax:** 952-249-4616  
**Website:** www.ci.orono.mn

## Right-of-Way Permit Application

**Purpose for Construction:** New  Replacement  Repair  Maintenance

Facility Owner: \_\_\_\_\_ Project #: \_\_\_\_\_  
Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Permit Type:** Excavation  Obstruction

Construction Location: \_\_\_\_\_  
(Attach plan/sketch of proposed construction)  
Nearest Intersection: \_\_\_\_\_

**Excavation Size:** Width: \_\_\_\_\_ Length: \_\_\_\_\_ Depth: \_\_\_\_\_

**Excavation Type:**  
Trench  Hole  Plow  Pneumagopher   
Driveways  Cabinet  Pedestal  Other   
Specify Other: \_\_\_\_\_

### Obstruction Information:

List the portion of the R-O-W being obstructed: \_\_\_\_\_  
Obstruction Size: Width: \_\_\_\_\_ Length: \_\_\_\_\_ Depth: \_\_\_\_\_  
Hours of Obstruction: Start Date: \_\_\_\_\_ at \_\_\_\_\_ AM to End Date: \_\_\_\_\_ at \_\_\_\_\_ PM

### Construction Schedule:

Start Date: \_\_\_\_\_ Number of Days: \_\_\_\_\_  
Weekend Dates: \_\_\_\_\_ End Date: \_\_\_\_\_

By signing this document, I (the applicant) hereby state that the above information is correct and may be subject to change. If a change in any of the above information occurs, I (the applicant) will inform the local municipality for proper approval. Please send the completed permit application to: P.O. Box 66, Crystal Bay, MN 55323.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Municipality Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_