



Permit # _____

Application to Work in Public Right of Way

Hugo City Hall, 14669 Fitzgerald Avenue North, Hugo, MN 55038 – Phone (651) 762-6300 – FAX (651) 426-2859

Excavation Permit Emergency Permit Pole Attachment Permit Obstr./Aerial/ Induct Permit

Site Location: _____
(Street Address and location to and from)

Type of Construction: _____

Applicant

Contact Name: _____ GSOC I.D. No.: _____ City Registration No.: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ 24 hr Emergency No.: _____ FAX: _____

Email: _____

Construction Schedule: Start Date _____ End Date _____

Purpose of Construction: New ___ Replacement ___ Repair ___ Other (describe): _____

Type of Construction: Trench ___ Aerial ___ Tunnel ___

Plow (specify) _____ Bore (specify) _____ Other (describe): _____

Facilities Information:

Cable TV: _____ Fiber _____ Other _____

Telecommunications: _____ Fiber _____ Other _____

Gas: _____ Size _____ High Pressure _____ Low Pressure _____

Electric: _____ Voltage _____ Phase _____

Traffic Signal: _____ Storm Sewer: _____

Water Service: _____ Water Main: _____

Sewer Service: _____ Sewer Main: _____



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Construction Detail:

Excavation Size: Length ____ Width ____ Depth ____ Total Linear Footage ____

Right of Way Used: Driving Lane ____ Parking Lane ____ Sidewalk ____ Blvd ____ Median ____

Type of Material: Concrete ____ Bituminous ____ Gravel ____ Sod ____ Grass ____ Trees ____

Structures: Curb & Gutter ____ Sidewalk ____ Trail ____ Signals ____ Other _____

Utility Company:
To provide open cut window over all City of Hugo utility crossings

Warning: Before digging, call Gopher State One at (651) 454-0002

Minimum of 24 hrs before utility installation call City of Hugo Public Works at (651)762-6316

The minimum depth for underground utility placement is 3 feet at top of utility

The maximum depth for underground utility placement is 4 feet at top of utility

Applicant Name: _____

Applicant Signature: _____

Date: _____

Permit Approved By: _____ Date: _____

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For Office Use Only

Fee: _____ Penalty: _____ Total: _____	Cash _____ Check _____ Check Number _____ Invoiced _____
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