



**CITY OF PARK FALLS  
APPLICATION FOR PERMIT TO WORK  
WITHIN THE MUNICIPAL RIGHT-OF-WAY**

PERMIT # \_\_\_\_\_

Applicant/Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Office Phone: \_\_\_\_\_

Local Phone & Pager: \_\_\_\_\_

Plans Prepared by: \_\_\_\_\_

Preparer's Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**DESCRIPTION OF PROPOSED WORK (check and fill all out that apply)**

**UTILITY TYPE:**  Electric  Gas/petroleum  Communications  Water  Sanitary sewer  Private line  
 Transmission  Distribution  Service *Facility Size/Capacity* / \_\_\_\_\_ (diameter, # fibers, psi, Kv, etc.)

**ORIENTATION:**  Overhead  Underground  Parallel to hwy centerline  Hwy crossing  Bridge attachment  Tunnel

**WORK TYPE:**  New construction  Improve/repair existing  Maintenance  Removal  Abandon in place

**CONSTRUCTION METHOD(S):**

Tree cutting/removal  Chemical treatment of trees/brush *Erosion Control Designation:*  Major  Minor

**Brief description of work being completed:** \_\_\_\_\_

**NAME PHONE NUMBER OF UTILITY REPRESENTATIVE RESPONSIBLE FOR CONSTRUCTION:**

**Work started without a permit will be charged a \$500 surcharge.**

**Estimated value of work to be completed:** \_\_\_\_\_

**Work valued at \$2,500 or more requires a \$25,000 bond be submitted to the City of Park Falls.**

Estimated Starting Date: \_\_\_\_\_ Estimated Completion/Restoration Date: \_\_\_\_\_

The applicant understands and agrees that the permitted work shall comply with all permit provisions and conditions of the Utility Accommodation Policy of the above-named City in effect at the time of this application, and with any special provisions listed below or attached hereto, and any and all plans, details, or notes attached hereto and made a part thereof. Applicant agrees to all provisions and conditions stated in City of Park Falls Ordinance Section 6-2-3.

By: \_\_\_\_\_ (Signature of Applicant/Company Authorized Representative) \_\_\_\_\_ (Title) \_\_\_\_\_ (Date)

\_\_\_\_\_  
(Typed/Printed Name of Person Signing Above or Electronic Signature Code) (Authorized Application/Company Representative Telephone Number)

**DO NOT WRITE BELOW THIS LINE**

**PERMIT APPROVAL BY PERMITTING AUTHORITY**

The foregoing application is hereby approved, and permit issued by the Permitting Authority subject to full compliance by the Applicant with all provisions and conditions stated in City of Park Falls Ordinance Section 6-2-3.

Supplemental Provisions Attached:  Yes  No

By: \_\_\_\_\_  
(Authorized Representative for City)

\_\_\_\_\_  
(Title) (Date)

<b>ROW Permit Fee: \$500</b>
<b>LOCATION INFORMATION</b>
Roadway: _____
City of: <b>Park Falls</b>
_____ 1/4 of the _____ 1/4 Sec # _____ T _____ R _____
<b>ADDITIONAL INFORMATION</b>
Annual Service Connection Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Utility Work Order #: _____

<b>FEE RECEIVED</b> \$ _____
<b>CHECK NUMBER:</b> _____
<b>DATE ISSUED:</b> _____
<b>PROJECT #:</b> _____
<b>BOND AMOUNT:</b> _____