



## RIGHT-OF-WAY WORK PERMIT APPLICATION

City of Janesville  
 101 N Mott Street, Janesville, MN 56048  
 507-234-5110

Permit No. \_\_\_\_\_

Applicant or Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

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

Cell: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Gopher State Cert. No. \_\_\_\_\_

List affected areas: \_\_\_\_\_

Description of Work: \_\_\_\_\_

Will MnDot be notified of work?  Yes  No

Start Date: \_\_\_\_\_

Completion Date: \_\_\_\_\_

Will detouring traffic be necessary?  Yes  No

**SUBMISSION OF APPLICATION MUST INCLUDE:**

- Site plan indicating work to be performed
- Certificate of Insurance
- Bond **or** Deposit Check in amount of \$2,000

(I/We) the undersigned, herby apply for a permit from the City of Janesville for the above. (I/We) understand and accept the terms and conditions of the regulations of the City of Janesville and, if necessary, Waseca County Highway Department and the Commissioner of Transportation. On completion of the installation, persons doing such work must notify the City of Janesville that work has been completed. Inspection and acceptance will be performed one (1) year after work start date.

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**OFFICE USE ONLY**

Insurance Certificate

Bond in amount of \$2,000

**Date Received:** \_\_\_\_\_

\$500,000 in general liability

Issuer: \_\_\_\_\_

**Date Issued:** \_\_\_\_\_

\$1,000,000 in workers comp.

Check in amount of \$2,000

**Receipt:** \_\_\_\_\_

\$1,000,000 in umbrella

Check #: \_\_\_\_\_

**Issued By:** \_\_\_\_\_

In accordance with this application, a Right-of-Way Work Permit is granted to the applicant to place, construct, and thereafter maintain, on, or across, or under the Right-of-Way of the above described Right-of-Way and in the location as shown by the above application subject to conditions and requirements as stipulated by the Public Works Director or Public Utilities Manager.

**DATE:-** \_\_\_\_\_

**MANAGER/DIRECTOR APPROVAL:** \_\_\_\_\_

After four season cycle. Work has been completed and all requirements have been met.

**DATE:-** \_\_\_\_\_

**FINAL INSPECTION APPROVAL:** \_\_\_\_\_