



CITY OF SAINT PAUL

Christopher B. Coleman, Mayor

Paul St. Martin, Assistant City Engineer-Traffic

899 North Dale Street
Saint Paul, MN 55103-1512.
ROW Division - Permits
Facsimile 651-266-9765
Telephone 651-266-6151 www.stpaul.gov
Email: pw-rowpermits@ci.stpaul.mn.us

**EXCAVATION or OBSTRUCTION APPLICATION
For CITY PLAN REVIEW**

- 1) Attach (10) Sets (of Application & Engineer Grade Drawings) to Public Works – ROW Division.
- 2) Excavation Plans require a minimum of quality design Level D & Shall Be Signed by a MN Certified Professional Engineer.
- 3) When Approved, (1) Set will be returned (emailed) to the Applicant.
- 4) To Request a PERMIT following Plan Approval, refer to the PLAN NUMBER assigned.

(please print)

PERMIT TYPE: ___ Excavation (Buried) ___ Obstruction (Aerial, Pulling in Existing Ducts, Meters)

Applicants Name: _____ Phone Number: _____ Fax Number: _____

Email Address: _____

Company Name: _____ Phone Number: _____ Fax Number: _____

Billing Address: _____ City: _____ State: ___ Zip: _____

Company Job/ID Number: _____

ALL APPLICANTS MUST BE REGISTERED PRIOR TO PLAN & PERMIT APPROVAL

LOCATION: _____
(On Street, From Street to Street or a "where" description of the place work primarily takes place)

EXCAVATION INFORMATION:

Directional Bore ___ Open Trench ___ Saw Cut ___ Man/Hand Hole(s) ___ Pole Installation(s) ___

Meters Required ___ Number of Meters ___

Excavation Size: Width (ft/Inches) _____ Length (ft) _____

Surface Being Disturbed: Asphalt ___ Concrete ___ Gravel ___ Grass ___ Specify _____

OBSTRUCTION INFORMATION:

Part of ROW Being Disturbed: Drive Lane ___ Parking Lane ___ SW ___ Blvd ___ Alley ___ Bike Lane ___

Obstruction Size: Width (ft/Inches) _____ Length (ft) _____ Meters ___ No. ___ Pull thru Existing Ducts ___

Hours of Obstruction: 24 hrs ___ 9AM-3PM ___ 6PM-6AM ___ Other Specify _____

CONSTRUCTION SCHEDULE:

Start Date: _____ Number of Construction Days During Schedule: _____ Complete Date: _____

By signing this application, I (the applicant/company) hereby acknowledge that I must adhere to all provisions of City of Saint Paul Ordinance Numbers 116, 135 and any other applicable ordinances. The applicant shall also comply with the regulations of all other governmental agencies for the protection of the public.

APPLICANTS SIGNATURE: _____ **DATE:** _____

Plan Meeting Date _____ Agenda Item Number _____ Approved PLAN Number _____