



**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](http://www.stpaul.gov)  
 Email: [pw-rowpermits@ci.stpaul.mn.us](mailto:pw-rowpermits@ci.stpaul.mn.us)

**Right-of-Way CITY PLAN REVIEW Submittal Form  
 (this is **NOT** a PERMIT Application)**

- 1) Attach (10) separate Sets (of this Application Form & Engineer Grade 'D' 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) Following PLAN Approval, you may **request** a ROW PERMIT. Refer to the **PLAN NUMBER** assigned when requesting a permit.

(please print & check items affected) **Do Not Combine Excavations & Obstructions** on the same application, **Submit Separately**

**PLAN TYPE:**    \_\_\_ Excavation (Buried)                      \_\_\_ Obstruction (Aerial, Pulling in Existing Ducts, etc)

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 or PERMIT APPROVAL**

**LOCATION:** \_\_\_\_\_  
 (On Street, From Street to Street or a description of the location "where" work will primarily be done)

**EXCAVATION INFORMATION (Mark with an "X" next to all that apply):**

Directional Bore \_\_\_ Open Trench \_\_\_ Saw Cut \_\_\_ Man/Hand Hole(s) \_\_\_

Excavation Size: Linear Length (ft) \_\_\_\_\_ Installation(s): Poles \_\_\_ Pedestals \_\_\_ Bollards \_\_\_ Cabinets \_\_\_

Surface Being Disturbed: Asphalt \_\_\_ Concrete \_\_\_ Gravel \_\_\_ Grass \_\_\_ Specify \_\_\_\_\_

**OBSTRUCTION INFORMATION (Mark with an "X" next to all that apply):**

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

Obstruction Size: Pull thru Existing Ducts - Linear Length (ft) \_\_\_\_\_

Aerial Placement: New \_\_\_ or Over-Lash \_\_\_ Linear Length (ft) \_\_\_\_\_

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 \_\_\_\_\_