

## **Linear Utility/Sewer and Water Line/ Excavation Permit Application**

## City of Brainerd

501 Laurel Street • Brainerd, MN 56401 • 218.828.2309 • 218.828.2315 (fax)

www.ci.brainerd.mn.us

Project Description:			
Name of Applicant:			
	State:		
	Office Phone:		
Name of Contractor Performing Wo	rk:		
	State:		
	Office Phone:		
below ground facilities or appurtenance	project area. The drawing will show all existing, and poles.  By and MPCA Environmental and Sediment		
result in fines or revocation of permit.			
1. Nature of work (Check all the app Cable TV Electric New Replacement Other:	ly)  Gas Telecommunicat Repair Abandon Un		☐ Water ial
2. Type of Surface to be Disturbed Gravel Concrete Other (signs, trees, etc):	Trail Sidewalk Easement	_	oulevard Street Surface
3. Location (address or cross streets			
Voltage or Pressure:	or cable: Length: ne: Clearance on Po	Depth from surface:	
5. Method of Installation  Trench Plow  Other:	Directional Bore Backhoe	Pneuma Gopher	☐ Hand Dig

6. Estimated Starting Date: Estin	mated Ending Date:
7. Will detouring of traffic be necessary? (Traffic control must co	omply with MMUTCD) YES NO
	rized Tamper (Compaction)  Machine Formed Curb ing w/4" Topsoil  Seeding w/4" Topsoil
	ts of Section 800 of the Brainerd City Code. By executing this Application and with all terms, conditions and requirements of Section 800 of the Brainerd
Applicant's Signature:	Date:
Printed Name:	
serving 4 or less housing units)	rate Excavation + \$40.00/Each Connection (properties trate Excavation + \$70.00/Each Connection (commercial than 4 housing units)
OFFIC	E USE ONLY
Date Received:	Permit Total:
Approved By:	
Approval Date:	<del>-</del>
Existing Street Age: 0-5 years 5 year to 5 year CIP Conditions of Approval:	☐ 5 year CIP
All work including restoration was completed on	and is ready for final inspection.
(print name)	(Signature)