



EAGAN

3830 PILOT KNOB ROAD | EAGAN, MN 55122-1810
(651) 675-5646 | TDD: (651) 454-8535 | FAX: (651) 675-5694
engineering@cityofeagan.com

Permit Number: _____
Date Received: _____
FOR CITY USE ONLY

Permit To Work Within City Property / Right-Of-Way / Easements

General Information

Applicant: _____ GSOE Reg. #: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Title: _____
Email: _____ Phone: _____ Fax: _____

Contractor (if other than applicant): _____ GSOE Reg. #: _____
Contact Person: _____ Title: _____
Email: _____ Phone: _____ Fax: _____

Location: _____
(Street, property address or legal, or distance and direction from nearest public street intersection)

Excavation Information

Start Date: _____ **Completion Date:** _____

Purpose of Construction: New Repair Replacement Other _____

Type of Excavation: Trench Hole Plowing Boring Other _____

Joint Trench Construction: Yes No

Lane Closures Required: Yes No Detour Required: Yes No

R/W Area being disturbed: Street Surface Curb/Gutter Sidewalk/Trail Boulevard

Additional information: _____

The undersigned herewith accepts the terms and conditions of this permit by the City of Eagan as herein contained and agrees to fully comply therewith to the satisfaction of the City of Eagan. The undersigned also declares that he/she will comply with all relevant City Ordinances and all Right of Way Regulations.

Signed: _____ Title: _____ Date: _____

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Financial Security Amount: \$ _____ Type: _____ Receipt No. _____

Permit Fee: \$ _____ Receipt No. _____
(Cash, Bond, LOC, etc.)

Special Conditions: _____

AUTHORIZATION OF PERMIT APPROVED BY: DEPARTMENT OF PUBLIC WORKS

BY: _____

DATE: _____

You may subscribe to receive an electronic notification from the City of proposed ordinances by signing up for an email update on the City's website at www.cityofeagan.com/subscribe.



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CERTIFICATE OF COMPLETION

Please deliver, fax or mail this signed certificate when all work associated with permit specified above is complete, including restoration. Upon receiving this certificate, the City of Eagan will make a final inspection of the project site.

Did the project follow the approved route? Yes No

Final completion date: _____

Contractor performing work: _____

Location: _____
(Street, property address or legal, or distance and direction from nearest public street intersection)

I hereby certify that all work was performed in conjunction with said permit listed above has been completed according to the specifications and requirements of the City of Eagan.

Signed: _____ Date: _____

For City use only:

Final inspection date: _____ Permit OK to close out: Yes No

Authorized Signature: _____