

ANOKA COUNTY HIGHWAY DEPARTMENT
 1440 BUNKER LAKE BLVD. N.W.
 ANDOVER, MN 55304
 PERMIT PHONE (763) 324-3176

APPLICATION FOR PERMIT FOR INSTALLATION OF UTILITIES OR FOR PLACING OBSTRUCTIONS ON COUNTY HIGHWAY SYSTEM

emergency WM repair

Permit Fee \$ **150.00**

OFFICE USE ONLY	23-029
Permit Number	_____
CSAH/C.R.	CSAH 3 - Coon Rapids Blvd NW
License/Permit Bond Required \$	on file

Name of applicant:	CITY OF COON RAPIDS	Telephone:	763-755-2880
Address (street, city, state, zip code):	1831 111th AVE COON RAPIDS MN 55433		
Name of individual/company performing work:	VALLEY RIGHT - COON RAPIDS		
Nature of work:	WATER MAIN REPAIR	Method of installation/construction:	EXCAVATION
Address of work site:	299 COON RAPIDS BLVD	In the city/township of:	COON RAPIDS
Surface to be disturbed: <input type="checkbox"/> Ditch <input type="checkbox"/> Gravel <input type="checkbox"/> Bituminous <input type="checkbox"/> Concrete <input type="checkbox"/> None	Is the shoulder to be disturbed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Number and size of excavations: 1 - 20 X 20	Will traffic be obstructed in any way? WARNING LIGHTS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Size and kind of pipe/cable: 8" DIP & 3" DIP	Depth from surface: 15'		
Work to start on or after: 2-7-23	Work to be completed by: 2-8-23		
Restrictions:	Jim Plemon WAS MADE AWARE OF EMERGENCY REPAIR City will perma 299 nt patch in Spring		

GENERAL INFORMATION

One permit must be approved for each County Road on which work will be performed prior to any work within the right-of-way by any utility/contractor. Emergency conditions which threaten the safety of the public and require immediate repair are exceptions to this rule. The utility/contractor, under these conditions, is permitted to begin and/or complete the necessary repairs. A written permit is to be completed at the earliest possible date.

A license-permit bond is generally required of the contractor, the amount of which will be determined by the nature of the utility work.

A sketch or drawing shall accompany each permit application which will show the location of the proposed utility with reference to the county highway center line and right-of-way line. A complete set of plans is required for all sewer/water projects.

It shall be the responsibility of the applicant to determine which of the special conditions (listed on the reverse side of this form) apply to each permit.

The Anoka County Highway Department (ACHD) reserves the right to revoke any utility permit and halt work if, upon inspection of any job site, the special conditions listed on the reverse side of this form are not met and/or a hazard exists for the applicant or public safety is threatened.

The applicant shall notify ACHD immediately upon completion of project so that the ACHD can inspect the site to determine whether or not restoration has been satisfactorily completed.

I, We, the undersigned, herewith accept the terms and conditions of the regulations as laid down by the County of Anoka and agree to fully comply therewith to the satisfaction of the ACHD. The County of Anoka, its officials and employees shall be held harmless, by the permittee, from any demands, claims or suits arising out of the granting of the permit.	
Date 2/8/23	Applicant's Signature Jim Allen

AUTHORIZATION OF PERMIT

In consideration of the applicant's agreement to comply in all respects with the regulations of the ACHD covering such operations, permission is hereby granted for the work to be done as described in the above application. Said work to be done in accordance with the general conditions listed above and the special conditions required as hereby stated: (SEE REVERSE SIDE OF THIS FORM FOR SPECIAL CONDITIONS).

It is expressly understood that this permit is conditioned upon replacement or restoration of the County Highway and its right of way to their original or to a satisfactory condition. It is further understood that this permit is issued subject to the approval of local city or township authorities having joint supervision over said street or highway.

ANOKA COUNTY HIGHWAY DEPARTMENT

Approved by **Susan Burgmeier** Issued by **SB** Date **02 / 09 / 2023**
Associate Traffic Technician

Distribution: White-Applicant Yellow-Highway Department Permit Office

DETACH AND RETURN THIS STUB
 Permit Number _____
 Date Completed ____ / ____ / ____
 Name Of Applicant _____

Send to: Permit Section
 Anoka County Highway Department
 1440 Bunker Lake Blvd. N.W.
 Andover, MN 55304