



**TOWN OF BROCKWAY
COUNTY OF STEARNS
STATE OF MINNESOTA**
WWW.BROCKWAYTOWNSHIP.GOV/OFFICE.COM

APPLICATION FOR ROAD RIGHT OF WAY

Permit Number: _____

Date: _____, 201__

The attached Ordinance is considered part of this permit form.

Applicant Name: _____

Mailing Address: _____

Telephone(s): _____ (Work) / Phone: _____ (Home)

E-Mail: _____ Cell: _____

Address and Location of Right of Way work: _____

911 Numbers: _____ Parcel ID#(s) _____

A. Purpose of Right of Way work:

Attach all Documentation and Location Sketch to this Application: Show proposed work in relation to the center line of the Township Right-of-Way and other pertinent features such as right-of-way lines, shoulder lines, curb lines (if any) and edge of surfacing. The proposed work should also be referenced to adjacent land lines.

B. Method of installing under Road beds (if open trench, explain why necessary)

Jacking: _____

Boring: _____

Pneuma Gopher: _____

C. Extent and Location of Tree Clearing: _____

D. Replacement Work: Yes _____ No _____

E. Time Frame for Work:

Date Proposed Work to be commenced: _____

Date Proposed Work to be completed: _____

I/We, the undersigned, herewith make application for permission to work in the Brockway Township Road Right(s) of Way at the above location(s), said work to be constructed in accordance with Brockway Township Ordinance No. 2012-2 An Ordinance Regulating Brockway Township Road Rights-of-Way And The Construction, Installation, Operation, Repair, Maintenance, Removal And Relocation Of Facilities And Equipment Used For The Transmission Of Telecommunications Or Related Services In The Public Ground Of The Township And Providing Penalties For The Violation Thereof adopted the 4th day of December, 2012 as amended from time to time, and to any special provisions included in the permit. It is further agreed that no work in connection with this application will be started until the application is approved and the permit issued. It is expressly understood that this permit is conditioned upon replacement ore restoration of the Town Road Right-of-Way to its original or satisfactory condition. It is further understood that this permit is issued subject to the approval and satisfaction of the Brockway Township Right of Way Director.

Contractor:

Contact Person(s):

Address:

Phone(s): _____

Cell(s): _____

E-Mail: _____

DATE: _____