

PERMIT NO. _____



CITY OF VICTORIA
7951 Rose Street · Box 36
Victoria, Minnesota 55386
Phone: 952/443-2363 · Fax: 952/443-2110

RIGHT-OF-WAY OR CITY EASEMENT OBSTRUCTION PERMIT APPLICATION

Name and Address of Permit Applicant:

Contact: _____
Phone: _____
24-Hour Emergency Phone: _____

Name and Address of Party Performing Work:

Contact: _____
Phone: _____
24-Hour Emergency Phone: _____

1. Nature of Work: _____

Type of Surface to be Disturbed: Gravel Bituminous Concrete Boulevard

2. Location (House No., Street, and Nearest Intersection): _____

(Attach 5 copies of scaled drawings showing accurate right-of-way information, topographic information, and planned installation.)

3. Method of Construction or Installation: _____

4. Work to start on or after _____ and to be completed on or before _____.

5. Will detouring of traffic be necessary? Yes No If so, describe routing: _____

For _____
(Applicant)

Signed By _____

Dated _____

The date when the work is completed must be reported to the person designated by the municipality.