

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 JOINT TRENCH UTILITY PERMIT APPLICATION**

Name and Address of Lead Utility (Permittee):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

24-Hour Emergency Phone: \_\_\_\_\_

Name and Address of Party Performing Work:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

24-Hour Emergency Phone: \_\_\_\_\_

1.	Utility Type: (Check all that apply)	Company Name	Total Installation Length (Ft.) <i>(Column A)</i>	Joint Trench (Ft.) <i>(Column B)</i>	Additional Footage (Ft.) <i>(Column A-B)</i>
	<input type="checkbox"/> Gas Main	_____	_____	_____	_____
	<input type="checkbox"/> Gas Service	_____	_____	_____	_____
	<input type="checkbox"/> Electric Main	_____	_____	_____	_____
	<input type="checkbox"/> Electric Service	_____	_____	_____	_____
	<input type="checkbox"/> Telephone Main	_____	_____	_____	_____
	<input type="checkbox"/> Telephone Service	_____	_____	_____	_____
	<input type="checkbox"/> Cable Main	_____	_____	_____	_____
	<input type="checkbox"/> Cable Service	_____	_____	_____	_____
	<input type="checkbox"/> Other	_____	_____	_____	_____

**TOTALS:**

\_\_\_\_\_ **Line (1)**

\_\_\_\_\_ **Line (2)**

2. **Attach Joint Trench installation detail** providing surface depths, size and type of pipes, conduits and utilities.

Length of joint trench: \_\_\_\_\_ Dimensions of excavation: \_\_\_\_\_  
**Line (3)**

3. Permit Fee footage Basis: (250ft. included in Permit Base Fee)

Joint Trench, \_\_\_\_\_ (ft.) + Total Additional Footage, \_\_\_\_\_ ft. - 250 ft. = \_\_\_\_\_ (ft.)  
**Line (3)** **Line (2)**

4. Type of Surface to be Disturbed:  Gravel  Bituminous  Concrete  Boulevard

5. Location (House No., Street, Nearest Intersection, Development Name): \_\_\_\_\_

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

6. Work to start on or after \_\_\_\_\_ and to be completed on or before \_\_\_\_\_ .

7. 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.**