



4141 Douglas Dr. N.  
 Crystal, MN 55422  
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# Application for Public Works Permit Excavation/Utilities

Date \_\_\_\_\_ Permit No. \_\_\_\_\_

|                         |  |
|-------------------------|--|
| <b>Site Address</b>     |  |
| <b>Tenant/Bldg Name</b> |  |

**Applicant:** Owner \_\_\_\_\_ Contractor \_\_\_\_\_

|  |  |
|--|--|
| <b>Property Owner/<br/>Location Descrip.</b> | Name/Company _____ Phone No. _____<br>Address _____  |
| <b>Contractor</b>                            | Company _____ Phone No. _____<br>Contact Person (Print) _____ Phone No. _____<br>Address _____<br>City _____ State _____ Zip _____ |

**Note: 2 detailed drawings and site plans with dimensions must accompany this application.**

|  |   |   |   |
|--|---|---|---|
| <b>Public Works Sub-Type:</b>          | <input type="checkbox"/> 01 - Street Excavation | <input type="checkbox"/> 02 - Private Utility | <input type="checkbox"/> 03 - Blvd Excavation |
| <b>Work Type:</b>                      | <input type="checkbox"/> 01 - New               | <input type="checkbox"/> 03 - Alteration      | <input type="checkbox"/> 04 - Repair          |
|  | <input type="checkbox"/> 05 - Overhead          | <input type="checkbox"/> 06 - Underground     | <input type="checkbox"/> 07 - Installation    |
|  | <input type="checkbox"/> 08 - Remove/Install    |   |   |
| <b>Office Use Required Inspections</b> | <input type="checkbox"/> 15 - Final             |   |   |

Description of Work: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Size of Opening \_\_\_\_\_

|                               |          |
|-------------------------------|----------|
| <b><u>Office Use Only</u></b> |          |
| Permit Fee                    | \$ _____ |
| Other Fees                    | \$ _____ |
| Other Fees                    | \$ _____ |
| Total Fees                    | \$ _____ |

The undersigned hereby represents upon all of the penalties of the law, for the purpose of including the City of Crystal to take the action herein requested, that all statements are true, and that all work herein will be done in accordance with the ordinances of the City of Crystal and the State of Minnesota.

\_\_\_\_\_  
 Applicant's Signature/Date

**Permit Approved By:**

**Date Approved:**