

# City of Robbinsdale



## Engineering Department

## STREET EXCAVATION PERMIT

4100 Lakeview Ave N Robbinsdale, MN 55422 ♦ Phone 763-531-1268 ♦ Fax 763-531-1200 [permits@ci.robbinsdale.mn.us](mailto:permits@ci.robbinsdale.mn.us)

DATE: \_\_\_\_\_

PERMIT #: \_\_\_\_\_

JOB ADDRESS: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_

- If property owner is completing the work, please attach a "Property Owner's Affidavit"

CONTRACTOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_

CITY LICENSE #: \_\_\_\_\_

- Contractors MUST have a current City License for permit to be issued.

CONTRACT VALUE OF WORK: \$ \_\_\_\_\_  
(COST OF MATERIALS/LABOR)

ESTIMATED START DATE: \_\_\_\_\_

TYPE & SIZE OF PIPES: \_\_\_\_\_

DETAILED DESCRIPTION OF WORK:

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

- WATER TAPS ARE TO BE MADE BEFORE 2PM
- CONTACT THE UTILITIES SUPERVISOR AT #763-531-1202 AT LEAST 24 HRS IN ADVANCE
- CONTRACTORS MUST CALL #763-531-1268 FOR INSPECTION **PRIOR** TO BACKFILLING
- GRANULAR FILL **ONLY** WITH COMPACTION IN ONE-FOOT LIFTS IS REQUIRED

APPLICANT SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

### PERMIT FEES:

#### CHECK ALL THAT APPLY:

_____	WATER INSTALLATION	\$75
_____	WATER REPAIR	\$75
_____	WATER DISCONNECTION	\$75
_____	SEWER INSTALLATION	\$75
_____	SEWER REPAIR	\$75
_____	SEWER DISCONNECTION	\$75

#### STREET REPAIR FEE:

The minimum street repair fee is \$250 and covers the first 30 sq. ft. of repair. Each additional sq. ft. is \$6 per sq. ft.

CURB REPAIR FEE: \$30 X LENGTH = \$ \_\_\_\_\_

SIDEWALK REPAIR FEE: \$10 X SQ FT = \$ \_\_\_\_\_

PERMIT FEE: \$ \_\_\_\_\_

STREET REPAIR FEE: \$ \_\_\_\_\_

ADD'L STREET REPAIR FEE: \$ \_\_\_\_\_

ADD'L CURB REPAIR FEE: \$ \_\_\_\_\_

ADD'L SIDEWALK REPAIR FEE: \$ \_\_\_\_\_

**TOTAL FEES: \$ \_\_\_\_\_**

1<sup>ST</sup> STREET OPENING: WIDTH = \_\_\_\_\_ LENGTH = \_\_\_\_\_

2<sup>ND</sup> STREET OPENING: WIDTH = \_\_\_\_\_ LENGTH = \_\_\_\_\_

CURB (if applicable): LENGTH = \_\_\_\_\_

SIDEWALK (if applicable): WIDTH = \_\_\_\_\_ LENGTH = \_\_\_\_\_



**PROPERTY OWNER'S AFFIDAVIT  
WORK PERMIT CERTIFICATION**

DATE: \_\_\_\_\_

I, \_\_\_\_\_ HEREBY CERTIFY THAT I AM THE PROPERTY OWNER OF  
(ADDRESS) \_\_\_\_\_, AND WILL PERFORM THE  
\_\_\_\_\_ WORK MYSELF.

\_\_\_\_\_  
PROPERTY OWNER SIGNATURE

\_\_\_\_\_  
PHONE #



### CREDIT CARD INFORMATION

(We accept MasterCard, Visa, American Express and Discover)

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**\*NOTE:** The City of Robbinsdale does *not* charge an additional fee when using a credit card\*

To make a payment by credit card, please provide the following information:

VISA  MASTER CARD  AMERICAN EXPRESS  DISCOVER

NAME OF CARD HOLDER: \_\_\_\_\_

CREDIT CARD ACCOUNT NUMBER: \_\_\_\_\_

CREDIT CARD EXPIRATION DATE: \_\_\_\_\_/\_\_\_\_\_

3 or 4 DIGIT SECURITY CODE FROM BACK (or front) OF CARD \_\_\_\_ \_

BILLING ZIP CODE: \_\_\_\_\_

(For example, if the credit card you are using has a billing address of 4100 Lakeview Ave N., Robbinsdale, MN, 55422, the zip code entered on this line is 55422)