
RIGHT-OF-WAY PERMIT APPLICATION – CITY OF MINOT INSPECTION DEPARTMENT

Instructions

Listed below are instructions for filling out the City of Minot Right-of-Way permit application:

- Permits can be emailed to Inspection@minotnd.org or submitted in person at the City of Minot Public Works Building located at 1025 31st Street SE during regular business hours (8:00 am to 4:30 pm Monday through Friday).
- Items in *Italics* are to be filled out by the permitting office only; PLEASE do not write in these sections. Permit applications filled out incorrectly will not be accepted.
- An address or address range must be entered in the work address. Any permit with a name of a building or location will not be accepted.
- Traffic Control plans and/or any other supplemental maps **must be submitted as a hard copy** to the City of Minot Inspections Department.
- Upon permit approval the City will call the Contact Phone number listed on the permit.
- Permit fees must be paid in person.
- **Any Traffic Control plans and/or any other supplemental maps submitted electronically will NOT be approved or printed by the City. Once a hard copy of the Traffic Control plans and/or any other supplemental maps have been received, the permit will be reviewed.**
- **Before any work starts in the Right-of-Way, the permit must be approved and paid for in full.**

APPROVED DATE: ____/____/____ INITIALS: _____ PERMIT #: _____

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GENERAL INFORMATION

Application Date: ____/____/____ Anticipated Start Date: ____/____/____ Anticipated End Date: ____/____/____

Work Address (if expected work extents is to be adjacent to multiple addresses, attach map with street names, address numbers, and description of work in Right-of-Way): _____

Property/Utility Owner: _____ Contractor: _____

ND License #: _____ City License #: _____ Contact Phone #: (____) ____ - _____

Point of contact on site: _____ Subcontractors: _____

TRAFFIC CONTROL

Will the closure or partial closure of any City street, shoulder, or sidewalk be necessary? ____ Yes ____ No

If "Yes", submit a traffic control plan with this application indicating where the closure will be and details of how the closure will be accomplished. Traffic Control Plan, including details of City sidewalk closure, must be approved by the Traffic Division before issuance of a permit.

Date(s) of anticipated closure: _____

Traffic Control Plan Submitted: ____/____/____ Approved: ____/____/____ Initials: _____

EXCAVATION

Purpose of excavation: _____

Excavation work is expected to impact existing conditions of (Check all that apply):

____ Asphalt street/alley ____ Sidewalk ____ Curb & Gutter ____ Other (explain):
____ Concrete street/alley ____ Driveway ____ Boulevard _____

Trenched excavations: ____ (LF) Trenchless excavations: ____ (LF) Total: ____ (LF) Excavation Fee: \$ _____

Depth of excavation: ____ (ft) **NO BACKFILL SHALL BEGIN BEFORE INSPECTION**

CONCRETE

NO CONCRETE SHALL BE ORDERED, POURED, OR PLACED BEFORE INSPECTION

Fill in estimated quantities for all work items that apply.

	New Construction	Remove & Replace		New Construction	Remove & Replace
ADA Curb Ramp	____ (EA)	____ (EA)	Curb & Gutter	____ (LF)	____ (LF)
Sidewalk	____ (LF)	____ (LF)	Street Pavement	____ (LF)	____ (LF)
Driveway	____ (LF)	____ (LF)	Valley Gutter	____ (LF)	____ (LF)
Other (explain):	____ (LF)	____ (LF)	Boulevard Restoration	____ (LF)	____ (LF)
			Total:	____ (LF)	Concrete Fee: \$ _____

AGREEMENT

Permittee agrees that all work performed shall comply with the current version of the City of Minot Specifications and the MUTCD and City of Minot Zoning Supplement to the Code of Ordinances Chapter 28 – Storm Water Management. The City of Minot Inspection Office (701-857-4102) will be called for all necessary inspections and when work is complete. Permittee understands that all maintenance and repairs will be their responsibility until the site is restored to the original or better condition. Permittee will warrantee all work in the right of way for a period of two years after the date of permit closure.

Signature: _____ Date: ____/____/____

FEES

Grand Total: \$ _____ Paid ____/____/____ Receipt #: _____

CLOSED DATE: ____/____/____ INITIALS: _____ COMMENTS: _____