

REGISTRATION

for

Right-of-Way

TO THE CITY ENGINEER OF THE CITY OF WINONA, MINNESOTA:

I hereby make application requesting permission to excavate in the City of Winona right-of-way.

Company (List Official Name) _____ President (Owner's Name) _____

Street Address _____ PO Box _____ City _____ State _____ Zip _____

Phone _____ Fax _____ e-mail _____ Note: Individuals who are d/b/a need to attach a State of MN certificate to this application.

EMERGENCY – LOCAL CONTACT PERSON:

Company Local Representative _____ Emergency Phone # _____ Mobile Phone # _____

Address (if different from above address) _____

I hereby acknowledge that I am aware of and agree to conform to the requirements as set forth in the City of Winona Right-of-Way Ordinance Chapter 66, the Hole Excavation Responsibility Policy and the Excavation & Trenching Policy as outlined in the City's Administrative Procedure Manual.

Signed: _____ Dated: _____

(To be completed by City personnel)

Fee Paid (\$40.00): _____ Receipt No. _____ Date: _____

Insurance Certificate: Effective _____

I hereby grant approval for the above applicant to excavate in the City of Winona right-of-way.

Brian DeFrang, City Engineer Date

Contractor # _____

Subcontractor Information

1. _____
Company (*List Official Name*) President (*Owner's Name*)

Street Address PO Box City State Zip

Phone Fax e-mail Gopher One-Call I.D. #

EMERGENCY – LOCAL CONTACT PERSON:

Company Local Representative Emergency Phone # Mobile Phone #

Subcontractor Information

2. _____
Company (*List Official Name*) President (*Owner's Name*)

Street Address PO Box City State Zip

Phone Fax e-mail Gopher One-Call I.D. #

EMERGENCY – LOCAL CONTACT PERSON:

Company Local Representative Emergency Phone # Mobile Phone #

Subcontractor Information

3. _____
Company (*List Official Name*) President (*Owner's Name*)

Street Address PO Box City State Zip

Phone Fax e-mail Gopher One-Call I.D. #

EMERGENCY – LOCAL CONTACT PERSON:

Company Local Representative Emergency Phone # Mobile Phone #