

Applicant's Permit No. \_\_\_\_\_

City Permit No. \_\_\_\_\_

**City of Edina  
Engineering Department  
4801 West 50<sup>th</sup> Street  
Edina MN 55424**

**APPLICATION FOR INSTALLATION OR REPAIR OF A UTILITY**  
*(application must be signed by the registrant if registration is required by the City Code)*

**Applicant:** \_\_\_\_\_

**Applicant's Address:** \_\_\_\_\_

**Telephone Number of Local Contact** \_\_\_\_\_

**24 Hour Emergency Telephone Number:** \_\_\_\_\_ **Pager Number:** \_\_\_\_\_

*If the installation or repair is to be performed by a sub-contractor, complete the following:*

**Contractor:** \_\_\_\_\_

**Contractor's Address:** \_\_\_\_\_

**Telephone Number of Contractor** \_\_\_\_\_

**24 Hour Emergency Telephone Number:** \_\_\_\_\_ **Pager Number:** \_\_\_\_\_

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**Construction Information**

*Please attach scaled plans and drawings of any new utility installations*

**Description of Work:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Surface to be Disturbed:** Street Surface \_\_\_ Sidewalk \_\_\_ Boulevard \_\_\_ Parkland \_\_\_

**Depth of Installation** \_\_\_\_\_ **Dimensions of Excavations** \_\_\_\_\_

**Method of Installation:** \_\_\_\_\_

**Describe Any Lane Closures or Detours:** \_\_\_\_\_

**Linear Footage of Installation:** \_\_\_\_\_

**Estimated Starting Date:** \_\_\_\_\_ **Estimated Completion Date:** \_\_\_\_\_

(over)

Do you wish to have the City perform restoration work? Yes \_\_\_ No \_\_\_

*If yes, the City will require a deposit of 150% of the estimated restoration cost prior to permit issuance.*

The applicant, by signing this application, agrees to comply in all respects with the requirements of the Edina City Code and State law in performing the work and in restoring the right of way.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

**Office Use Only**

Application Fee \_\_\_\_\_

Approved: \_\_\_\_\_

Date: \_\_\_\_\_

Permit Conditions \_\_\_\_\_  
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