



# APPLICATION FOR UTILITY PERMIT

Town of May

P.O. Box 60 | Marine on St. Croix | Washington County | Minnesota 55047

651-439-1706 | [bobbi@townofmay.org](mailto:bobbi@townofmay.org)

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

### APPLICANT

Owner

Utility

Contractor

### PROPERTY OWNER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_

### UTILITY

Company: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_

### CONTRACTOR

Company: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_

### PURPOSE OF CONSTRUCTION

Work Type: New  Alteration  Repair  Remove/Install

Permit Type: Grading/Drainage  Curb Cut  Road Excavation  Street Vacation

Public Utility  Bore Under Road

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

Date of Work: \_\_\_\_\_

Date of Anticipated Completion: \_\_\_\_\_

*The undersigned hereby represents upon all penalties of law, for purpose of including May Township to take the action herein requested, that all statements are true, and that all work herein will be completed in accordance with May Township Town Code and the State of Minnesota. The undersigned agrees to meet all applicable permit fees prior to commencement of work. If the construction date has not been started within one year of permit approval date, this permit becomes null and void.*

### OFFICE USE ONLY

Permit Fee Paid/Check No: \_\_\_\_\_

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

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

Notes: \_\_\_\_\_