

PERMIT NO. \_\_\_\_\_



**CITY OF VICTORIA**  
1670 Stieger Lake Ln, P. O. Box 36  
Victoria, Minnesota 55386  
Phone: 952/443-4210  
Fax: 952/443-2110

**RIGHT-OF-WAY OR CITY EASEMENT  
UTILITY PERMIT APPLICATION**

Name and Address of Utility Owner:	Name and Address of Party Performing Work:
_____	_____
_____	_____
_____	_____
Contact: _____	Contact: _____
Phone: _____	Phone: _____
24-Hour Emergency Phone: _____	24-Hour Emergency Phone: _____
Email address: _____	Email address: _____

1. Nature of Work:  Gas Main     Telephone Main     Cable Main     Electric Main  
 Gas Service     Telephone Service     Cable Service     Electric Service  
 Other \_\_\_\_\_

Type of Surface to be Disturbed:  Gravel     Bituminous     Concrete     Boulevard

2. Location (House No., Street, Nearest Intersection, Development Name): \_\_\_\_\_  
 \_\_\_\_\_  
 (Attach a copy of scaled drawings showing accurate right-of-way information, topographic information, and planned installation.)

3. Size and kind of pipe, conduit or cable: \_\_\_\_\_  
 Length of pipe, conduit or cable within the City of Victoria: \_\_\_\_\_ Depth from Surface: \_\_\_\_\_  
 Dimensions of Excavation: \_\_\_\_\_

4. Method of Installation or Construction (including method of compaction and excavation) .  
 \_\_\_\_\_

5. Work to start on or after \_\_\_\_\_ and to be completed on or before \_\_\_\_\_

6. Will detouring of traffic be necessary?  Yes     No    If so, describe routing: \_\_\_\_\_  
 \_\_\_\_\_

For \_\_\_\_\_  
(Applicant)

Signed By \_\_\_\_\_

Dated \_\_\_\_\_

**The date when the work is completed must be reported to the City of Victoria.**