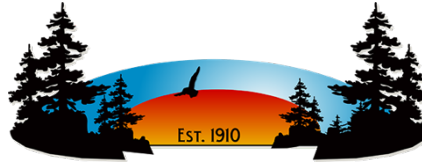


19121 County Road 12
Ironton, MN 56455
Irondaletownship2@gmail.com

Office: (218) 546-6499



IRONDALE TOWNSHIP

Permit Number: _____

Road Right-of-Way Registration & Permit Application

Estimated Starting Date: _____ Estimated Ending Date: _____

Project Location (Street Address/ Intersection): _____

Applicant & Contact Name: _____

Applicant Address: _____

Email Address: _____ Telephone(s): _____

Type of Facilities: Cable Electric Fiber Optics Conduit (Size/Type): _____
 Gas High Pressure Low Pressure Cable (Size/Type): _____

Work Performed: New Replacement Repaid Other: _____

Method of Installation: Trench Aerial Bore/Plow Other: _____

ROW Used: Driving Lane Shoulder Ditch Easement

Type of Material Impacted: Bituminous Curb/Gutter Gravel Surface Sod
 Grass Trees/ Shrubs Sidewalk Bit. Trail Other: _____

The undersigned herewith accepts the terms and conditions of this permit and agrees to fully comply therewith with the satisfaction of Irondale Township. The undersigned also declares that he/she has read, understands, and will comply with all relevant Township Ordinances and all Right-Of-Way Regulations.

Applicant's Signature: _____ Date: _____

Please attach a scaled drawing showing location and area of project, and a certificate of insurance, with this application.

It is expressly understood that this permit is conditioned upon replacement or restoration of the roadway to its original or better condition. It is further understood that this permit is issued subject to the approval of the Town Board. **The date when work is completed must be reported to the Township for final inspection.**

Annual Permit Fee: \$250.00 (Other costs as per Ordinance)

Application Fee Paid: YES I NO Payment Type: _____ Date: _____

Town Board Supervisor (Final Approval) _____ Date: _____