



**Todd Township
Hubbard County, State of Minnesota**

Attn: Todd Township Zoning Administrator

Hometown Planning, 324 Broadway Street, Suite 101 Alexandria, MN 56308

Toll Free: (888) 439-9793 or Local Phone: (320) 759-1560 x101

Email: oleson@hometownplanning.com

APPLICATION FOR ROAD RIGHT OF WAY

Permit Number: ROW-000 -

Date: _____, 20__

The attached Ordinance is considered part of this permit form.

Applicant Name: _____

Mailing Address: _____

Telephone(s): _____ (Work) / Phone: _____ (Home)

E-Mail: _____ Cell: _____

Address and Location of Right of Way work: _____

911 Numbers: _____ Parcel ID#(s) _____

A. Purpose of Right of Way work:

Attach all Documentation and Location Sketch to this Application: Show proposed work in relation to the center line of the Township Right-of-Way and other pertinent features such as right-of-way lines, shoulder lines, curb lines (if any) and edge of surfacing. The proposed work should also be referenced to adjacent land lines.

B. Method of installing under Road beds

Directional Boring only: _____

(Unless expressly approved in writing otherwise between USER and Town Board).

C. Extent and Location of Tree Clearing: _____

D. Replacement Work: Yes _____ No _____

E. Time Frame for Work:

Date Proposed Work to be commenced: _____

Date Proposed Work to be completed: _____

I/We, the undersigned, herewith make application for permission to work in the Todd Township Road Right(s) of Way at the above location(s), said work to be constructed in accordance with Todd Township Ordinance No. 2006-06.01 An Ordinance Regulating Todd Township Road Rights-of-Way And The Construction, Installation, Operation, Repair, Maintenance, Removal And Relocation Of Facilities And Equipment Used For The Transmission Of Telecommunications Or Related Services In The Public Ground Of The Township And Providing Penalties For The Violation Thereof adopted March 6th, 2006, *as amended from time to time*, and to any special provisions included in the permit. It is further agreed that no work in connection with this application will be started until the application is approved and the permit issued. It is expressly understood that this permit is conditioned upon replacement ore restoration of the Town Road Right-of-Way to its original or satisfactory condition. It is further understood that this permit is issued subject to the approval and satisfaction of the Todd Township Right of Way Director.

Contractor:

Contact Person(s):

Address:

Phone(s): _____

Cell(s): _____

E-Mail: _____

DATE: _____