

## Todd Township Hubbard County, State of Minnesota

Address:

E-Mail: E-Mail: Phone:

## **APPLICATION FOR ROAD RIGHT OF WAY**

Permit Number: _	<u>ROW-000 -</u>	Date:	, 20
	The attached Ordinance is considered part of this permit form.		
Applicant Name:			
Mailing Address:			
Telephone(s):	(Work) / Phone:		_(Home)
E-Mail:	Cell:		
	ation of Right of Way work:		
	Parcel ID#(s)		
Attach all Docu	ght of Way work:  mentation and Location Sketch to this Application: Show propose Township Right-of-Way and other pertinent features such as rig urb lines (if any) and edge of surfacing. The proposed work shounces	ht-of-way lin	es,
B. Method of ins Directional B	stalling under Road beds oring only: ssly approved in writing otherwise between USER and Town Board).		
C. Extent and Lo	ocation of Tree Clearing:		
D. Replacement	Work: Yes No		

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