

CHISAGO LAKE TOWNSHIP

APPLICATION FOR RIGHT-OF-WAY(ROW) PERMIT

Applicant Information		
Utility Project Number:		Application Date:
Applicant Name:		
Applicant Role: <input type="radio"/> CONTRACTOR <input type="radio"/> PROPERTY OWNER		
Applicant Physical Address:		
City:	State:	Zip Code:
Contact Person:		
Email:	Work/Mobile Phone:	

Proposed Project Information	
Site Location:	
General Description:	
Estimated Start Date:	Estimated Completion Date:

Applicant Signature and Compliance Agreement

The undersigned hereby makes application to Chisago Lake Township to perform the work as herein described. The work for which this permit is issued shall be performed according to: (1) the conditions of this permit; (2) the approved plans and specifications; and (3) the applicable township approvals, Ordinances, and Codes.

Applicant Signature:

Applicant Printed Name:

Date:

OFFICE USE ONLY

Ensure that all required documents are included with the application.

Permit Application: No Fee

APPROVED **APPROVED WITH CONDITIONS** **DENIED**

Additional Notes/Comments:

Permit Reviewed By:

Date:

Permit Approved By:

Date:

Chisago Lake Township

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