



# City of Belgrade

417 Washburn Ave. ♦ P.O. Box 296 ♦ Belgrade, MN 56312-0296  
City Office Phone 320.254.8220 ♦ Fax 320.254.3605  
*The City of Belgrade is an equal Opportunity Provider*

**PERMIT NO.**

## **OBSTRUCTION PERMIT APPLICATION**

Name and Address of Permit Applicant:

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: \_\_\_\_\_

\_\_\_\_\_

Type of Surface to be Disturbed: • Gravel • Bituminous • Concrete • Boulevard

2. Location (House No., Street, and Nearest Intersection): \_\_\_\_\_

\_\_\_\_\_

(Attach 5 copies of scaled drawings showing accurate right-of-way information, topographic information, and planned installation.)

3. Method of Construction or Installation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

5. 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 Belgrade.**