



RIGHT OF WAY PERMIT
CITY OF MONTGOMERY
 201 ASH AVE S.W.
 MONTGOMERY, MN 56069
 507.364.8888 (PHONE)
 507.364.5371 (FAX)
 GENERAL@CITYOFMONTGOMERYMN.COM

OFFICE USE ONLY
 Application Rec'd: _____
 Amount Paid/Invoiced: _____
 Permit Number: _____

JOB SITE INFORMATION:

ADDRESS:	
PROJECT START DATE:	PROJECT COMPLETION DATE:

PROPERTY OWNER (IF APPLICABLE):

NAME:		
PHONE:	EMAIL:	FAX:

CONTRACTOR/SUBCONTRACTOR:

CONTRACTOR:		
ADDRESS:		
PHONE:	EMAIL:	FAX:
SUBCONTRACTOR:		
ADDRESS:		
PHONE:	EMAIL:	FAX:

PROJECT DESCRIPTION:

PROJECT DESCRIPTION:	
<u>RESIDENTIAL</u> <input type="checkbox"/> NON-SIDEWALK/ STREET BORE (\$100.00) <input type="checkbox"/> SIDEWALK/STREET BORE (\$200.00)	<u>COMMERCIAL</u> <input type="checkbox"/> NON-SIDEWALK/STREET BORE (\$100.00) <input type="checkbox"/> SIDEWALK/STREET BORE (\$200.00)

AUTHORIZATION OF APPLICATION:

THE APPLICATION PERIOD IS SIX (6) MONTHS FROM THE APPLICATION DATE. AN EXTENSION MAY BE GRANTED FOR AN ADDITIONAL SIX (6) MONTHS BY CONTACTING THE CITY OF MONTGOMERY AT 507.364.8888. CONTRACTOR IS RESPONSIBLE FOR COMPLETE RESTORATION OF THE STREET, SIDEWALK OR ALLEY. BY SIGNING THIS APPLICATION YOU ARE AGREEING TO THE ABOVE TERMS AND CONDITIONS.

APPLICANTS SIGNATURE	DATE	OWNERS SIGNATURE (IF APPLICABLE)	DATE
PUBLIC WORKS DIRECTOR/SUPERVISOR OR DESIGNEE	DATE	CITY ADMINISTRATOR/ZONING ADMINISTRATOR/CLERK	DATE

Email **Print**