

**RIGHT-OF-WAY WORK PERMIT
TOWN OF AMADOR, CHISAGO COUNTY**

Date of application _____

Anticipated dates of work _____ to _____

Restoration completion date _____

APPLICANT:

WORK COMPLETION BY:

Company Name

Company Name

Contact Person

Contact Person

Address

Address

City / State / Zip

City / State / Zip

Phone

Phone

Scope of Work: _____

Location(s) _____

Attached are:

- Map showing location (required!)
- Scaled drawing of the work ___ (YES) ___ (NO) ___ (NA)
- Non-refundable permit fee in the amount of \$75.00
- Copy of insurance certification _____

Amador Township accepts no responsibility for utility work completed with this permit.

Permit approved for Amador Township by:

Print Name	Signature	Title	Date

Project inspection completed and approved on behalf of the township:

Print Name	Signature	Title	Date

Amador Township, 37475 Park Trail, Almelund, MN 55012
AmadorTownship@gmail.com