

## **ANNUAL RIGHT-OF-WAY USER REGISTRATION FORM**

## RAMSEY COUNTY PUBLIC WORKS

1425 Paul Kirkwold Drive Arden Hills, MN 55112 (E-mail) <a href="mailto:pwpermits@ramseycounty.us">pwpermits@ramseycounty.us</a>

	Pnone: 651-2	00-7100 Fax.	031-20	06-7188		
Applicant Name	Company Name		Phone No.:  E-mail.:			
Billing Address: Street		1		City	State	Zip code
	TYPE	OF REGISTRA	TION			
New or Annual Update Utility Owne				or Contractor		
IOCAL	REDRESENTATIVE	EMERGANCY	CONT	ACT INFORMATIO	N.	
	LOCAL REPRESENTATIVE EMERGANCY CON Primary Contact			Secondary Contact		
Name	<b>,</b>			·		
Business Phone						
Emergency Phone (24 Hour)						
ATTACHMENTS:						
Certificate of Insurance:						
1. A copy of Ramsey Count	y's "Insurance Requ	irements" can b	e dowi	nloaded from our we	ebsite.	
2. Attach a copy of your "C	ERTIFICATE OF LIABI	ILITY INSURANC	E" to th	ne application.		
3. Ramsey County, their off	ficials and employee	es must be name	ed as "a	additionally insured"	on the Cer	tificate of
Liability Insurance.						
Construction Performance Bond						
1. <b>UTILITY OWNERS:</b> shall p						
attach it to the application	•	_				-
2. INDIVIDUAL PROJECT BO				• •		
time of the permit applic				•		
the road, surface to be d		•		excavation. The leng	th of this bo	ond shall be for
a period of twenty-four (	(24) months after th	e work is comp	lete.			
Applicant Signature				Date		
	DO NO	T WRITE BELOW T	HIS LINE			
Authorized County Representative				Registration Number		
Authorized Signature:	Date:	PERMIT FEE:	Pa	ayment: Check #	Billed	☐ Waived