

Permit Number: _____ Date Received: _____ Parcel Number: _____

**Any questions regarding Work in Road Right of Way Permit
please contact City Clerk-Treasurer by calling
218- 302-5996 Ext. 1 or stop by the City Office at 131 Main Street Vergas MN.**

Work in Road Right of Way Permit Application

To the Vergas Planning Commission of the City of Vergas in the County of Otter Tail, State of Minnesota:
Application is hereby made by the undersigned for a Work in Road Right of Way Permit as provided by City Ordinance as adopted by the City of Vergas.

PLEASE NOTE: THE PERMIT FEE TO WORK IN THE CITY RIGHT OF WAY IS \$350.00.
SITE MAP REQUIRED.

Name of Applicant: _____

Mailing Address: _____ Phone: _____

Email: _____

Permit to: (CHECK ONE)

☐ Install ☐ Repair

Description of work to be done: _____

Date project will begin: _____ Date project will be completed: _____

APPLICANT'S

SIGNATURE: _____ DATE: _____

Permit expires in one year if project is not complete, please reapply for permit.

By signing this application, you are giving City employees and representatives permission to inspect your property.

I do hereby say that the facts stated by me in the site application are true to the best of my knowledge and belief. Please be aware that **no work** shall begin until the Zoning official has approved the plans and revisions the site plan if necessary and has indicated approval to begin.

Signature of Applicant

Date

Signature of Zoning Official

Date

City of Vergas has 60 days to approve or deny a permit. The date begins when all documents have been submitted to the city. Permits are valid for one calendar year.

FOR OFFICE USE ONLY

☐ Received Site Map

☐ \$350.00 Permit Fee

Receipt # _____ Date Paid _____, 20__

Signature: _____ Date: _____, 20__

(Permitting Authority)

Date Approved by Planning Commission or Clerk-Treasurer: _____, 20__