



**BELTRAMI COUNTY
HIGHWAY DEPARTMENT**

2491 Adams Ave NW, Bemidji, MN 56601
Brent Kinn, Highway Maintenance Supervisor
Office 218-333-8168, Cell 218-556-4582

Entrance Permit Application

One Entrance per 40 Acre Parcel is allowed along county roads

Date _____

County Road number the approach would be located on: # _____, also known as

_____.

What is the purpose of the new entrance (new house, garage etc....) _____

Does this location already have an E911 address: _____

_____ and/or parcel # _____ if not please sketch out location:

****It is requested that the landowner place a wooden lath with the words "Proposed Entrance" on it at the preferred location of the entrance****

Is this within 1,000 feet of shoreland? Check: _____ Yes _____ No
(If yes, contact environmental services for required permits)

Owner of property:

Name _____

Address _____

Phone - Home _____ Work _____

Cell _____

BELTRAMI COUNTY DEPARTMENT OF PUBLIC WORKS

2491 ADAMS AVENUE NORTHWEST

BEMIDJI, MINNESOTA

(218) 333-8173

RIGHT-OF-WAY ORDINANCE REGISTRATION FORM

REGISTRATION TYPE

Please check whether you will be the Owner of _____ Facility Owner Are you a new applicant or
equipment placed in the ROW or a Contractor _____ Contractor updating information?
wishing to work in the ROW. If other, please _____ Other (Explain) _____ Update _____ New
explain in next section.

REGISTRANT INFORMATION

(Company Information)

NAME: _____ If you checked other in Registration Type,
ADDRESS: _____ please explain below:
CITY: _____ STATE: _____ ZIP CODE: _____
PHONE: () _____ FAX NO: () _____

GOPHER ONE CALL INFORMATION (if applicable)

Registration Number: _____ ID Number (If Contractor): _____

LOCAL REPRESENTATIVE

Local Contact Person that can Speak for the Company that is authorized to accept official notices from the County and act as agent for the Registrant.

NAME: _____ PHONE: () _____
ADDRESS: _____ FAX NO: () _____
CITY: _____ STATE: _____ ZIP CODE: _____
E-MAIL ADDRESS: _____

24 HOUR EMERGENCY CONTACT INFORMATION

NAME	PHONE NO.	PAGER	FAX NUMBER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CERTIFICATES AND LICENSES

Please attach copies of certificates as required for registration:

1. Certificate of Insurance, including listing Beltrami County as additional insured when working on county right of way
2. Certificate of Incorporation (if incorporated)

FOR OFFICE USE ONLY

Date Approved: _____ Registered by Whom: _____

Emergency County Contact:
Name: _____ Name: _____
PHONE: () _____ PHONE: () _____