

PERMIT APPLICATION FOR JUDICIAL DITCH WORK
BELTRAMI COUNTY HIGHWAY DEPARTMENT
 2491 ADAMS AVE NW
 BEMIDJI, MN 56601
 218-333-8173

TO THE BOARD OF MANAGERS:

Applicant's Name:	Telephone Number:
Address (Street, RFD, Box No., City, State, Zip):	
Project Location	
Government Lot _____	Quarter Section(s) _____ Section(s) _____
Township (Name & #) _____ Range # _____ County _____	
Type of Work Proposed:	
<input type="checkbox"/> Excavate	<input type="checkbox"/> Install
<input type="checkbox"/> Fill	<input type="checkbox"/> Remove
<input type="checkbox"/> Drain	<input type="checkbox"/> Other
<input type="checkbox"/> Construct	<input type="checkbox"/>
<input type="checkbox"/> Channel	<input type="checkbox"/> Dike
<input type="checkbox"/> Culvert (Size)	<input type="checkbox"/> Erosion Control
<input type="checkbox"/> Bridge (Size)	<input type="checkbox"/> Other
<input type="checkbox"/> Dam	<input type="checkbox"/>

Be sure to attach all necessary reports, maps, drawings, photos, other data, etc., to support permit application.

Description of work to be done:
Estimated drainage area: acres _____ or sq. mile(s)
Work is necessary because:

I hereby make application for a permit to proceed with the proposal described above and have attached all supporting maps, plans, and other information submitted with this application. The information submitted and statements made concerning this application are true and correct to the best of my knowledge. Obtaining a permit from the Managers does not relieve the applicant from the responsibility of obtaining any other additional authorization or permits required by law.

Signature of owner authorized agent	Date
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For Office Use Only
P.A. No.

Section(s) _____

**BELTRAMI COUNTY DEPARTMENT OF PUBLIC WORKS
2491 ADAMS AVENUE NORTHWEST BEMIDJI, MINNESOTA
(218) 333-8173**

REGISTRATION FORM

REGISTRATION TYPE			
Please check whether you will be the Owner of equipment placed in the ROW or a Contractor wishing to work in the ROW. If other, please explain in next section.	<input type="checkbox"/> Facility Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other (Explain)	Are you a new applicant or updating information? <input type="checkbox"/> Update <input type="checkbox"/> New	
REGISTRANT INFORMATION (Company Information)			
NAME: _____ ADDRESS: _____ _____ CITY: _____ STATE: _____ ZIP CODE: _____ PHONE: () _____ FAX NO: () _____		If you checked other in Registration Type, please explain below:	
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: _____ ADDRESS: _____ _____ CITY: _____ STATE: _____ ZIP CODE: _____		PHONE: () _____ FAX NO: () _____ 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: <ol style="list-style-type: none"> 1. Certificate of Insurance, including listing Beltrami County as additional insured when working on county ditch or road 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: () _____	

Judicial Ditch Work Permit

Registration # _____
Project _____
Ditch _____

In accordance with the application herein, and subject to the extent the County has the right by law, rule. or regulation subject to the County's rights to said property and in accordance with the general conditions and "special provisions" of the application to which the County and the Applicant hereby agree, a Permit is hereby granted by the County to construct, obstruct, or excavate and thereafter maintain a _____

On, across, under, or along the right-of-way of County Ditch No. _____
from _____
to _____

SPECIAL PROVISIONS:

Approved by: _____

Date: _____

Insurance/Bond Received

Permit # _____

Check/Bond # _____

Date of Bond/Check _____

Bank/Bond Co. _____