



DATE: _____

PERMIT #: _____

JOB ADDRESS: _____

PROPERTY OWNER: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #: _____

- If property owner is completing the work, please attach a "Property Owner's Affidavit"

CONTRACTOR NAME: _____

STATE LICENSE #: _____

ADDRESS: _____

CITY LICENSE #: _____

CITY/STATE/ZIP: _____

PHONE #: _____

EMAIL: _____ (REQUIRED)

Please provide the following information:

TYPE OF CLOSURE (tick box):

SINGLE LANE

FULL ROAD

PROPOSED BEGINNING DATE: _____ TIME: _____ AM / PM

ENDING DATE: _____ TIME: _____ AM / PM

Please Note: Road closures may be restricted during high traffic (rush hour) times.

REASON FOR PROPOSED CLOSURE:

DIAGRAM (see next page)

APPLICANT SIGNATURE:

PRINT NAME:

PHONE NUMBER:

PERMIT FEES (Max 30 day duration):

_____ FULL ROAD CLOSURE: \$200

_____ SINGLE LANE CLOSURE: \$100

Diagram of Proposed Road Closure

Please show -

- street names
- location of proposed work / closure
- proposed traffic control measures

ROAD CLOSURE PERMIT

**PROPERTY OWNER'S AFFIDAVIT
WORK PERMIT CERTIFICATION**

DATE: _____

I, _____ HEREBY CERTIFY THAT I AM THE PROPERTY OWNER OF
(ADDRESS) _____, AND WILL PERFORM THE
_____ WORK MYSELF.

As a home owner, you are deciding to apply for this permit yourself, you will be acting as the "owner/builder." By taking the permit out yourself, you become the general contractor. You assume all legal liabilities for the job, including permit fees, state surcharges, plan review fees, scheduling inspections and completing the permit process to its end.

PROPERTY OWNER SIGNATURE

PHONE #

EMAIL ADDRESS:

ROAD CLOSURE PERMIT

CREDIT CARD INFORMATION

(We accept MasterCard, Visa, American Express and Discover)

***NOTE:** The City of Robbinsdale does *not* charge an additional fee when using a credit card*

To make a payment by credit card, please provide the following information:

VISA MASTER CARD AMERICAN EXPRESS DISCOVER

NAME OF CARD HOLDER: _____

CREDIT CARD ACCOUNT NUMBER: _____

CREDIT CARD EXPIRATION DATE: _____/_____

3 or 4 DIGIT SECURITY CODE FROM BACK (or front) OF CARD ____ _

BILLING ZIP CODE: _____

(For example, if the credit card you are using has a billing address of 4100 Lakeview Ave N., Robbinsdale, MN, 55422, the zip code entered on this line is 55422)