City of Robbinsdale



Engineering Department

EMAIL ADDRESS:

PUBLIC UTILITIES PERMIT

4100 Lakeview Ave N Robbinsdale, MN 55422	♦ Phone 763-531-	-1268	permits@robbinsdalemn.gov
DATE:	-		PERMIT #:
JOB ADDRESS:			
PROPERTY OWNER:			IF THE WORK IS <u>NOT</u> AT A SPECIFIC ADDRESS, PLEASE EXPLAIN LOCATION HERE.
ADDRESS:			
CITY/STATE/ZIP:			
PHONE #:			
CONTRACTOR NAME:			
ADDRESS:			
CITY/STATE/ZIP:			
PHONE #:		Į	
EMAIL:			
		rkers c	omp insurance with the City of Robbinsdale listed as
ESTIMATED START DATE:			
TYPE OF CONDUIT:			
LENGTH IN FEET:	·		
STREET CLOSURE PERMIT: YES NC (IF YOU ARE CLOSING A STREET, THERE IS AN ADDITIONAL F			
DETAILED DESCRIPTION OF WORK:			
			PERMIT FEES:
APPLICANT SIGNATURE:			T ERRORT T EES.
		UND	ERGROUND UTILITY = \$350 / 1 ST 100'
PRINT NAME:			\$.50 per ft. over 100'
PHONE NUMBER:			TOTAL FEES: \$

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CREDIT CARD INFORMATION

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

*NOTE: Starting January 1, 2025, the City of Robbinsdale will charge a 2.95% fee on all credit card charges.

If you do not want to use this form, please do NOT fill it out and we will send you a link for online payment.
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 zin code entered on this line is 55422)