SPRINGVALE TOWNSHIP **34354 HOLLY ST NW** **CAMBRIDGE, MN 55008** **MICHELLE KLEVEN, CLERK** **763-689-4207**	**PERMIT #_____** **FEE $ 25.00**

APPLICATION FOR UTILITY WORK PERMIT

Fill out, sign, enclose payment of $25.00 payable to Springvale Township and mail to the above address. Please print or type. Attach a sketch of the job to be proposed.

_____
NAME OF UTILITY COMPANY

_____
ADDRESS

_____
CONTACT PERSON

_____
PHONE

_____
JOB NUMBER IF ANY

_____
TYPE OF UTILITY

_____
TOWNSHIP SECTION

_____
TOWNSHIP ROAD / INTERSECTION

DESCRIPTION OF WORK TO BE DONE:

_____
_____
_____
_____
_____
_____

Do not write below this line, township use only

UTILITY PERMIT AUTHORIZATION

A deposit of $ _____, payable to Springvale Township, in the form of cash or money order shall accompany this application

The deposit made by: Name _____

Special provisions and or recommendation from the Board of Supervisors:

_____
_____
_____

Permission is hereby granted for the above utility work to be done as described in this application. When work is finished please notify Michelle Kleven, Springvale Township Clerk, at 763-689-4207

Proposed Location Approved by_____ Date: _____

Final Inspection Approved by _____ Date: _____