



Public Right of Way Application

Applicant Information:

Name of Company: Xcel Energy

Address: 825 Rice Street

City/State/ZIP: St. Paul, MN. 55117

Phone Number: 816-394-2289

Fax Number: _____

Email Address: hillery.heigel@xcelenergy.com

Representatives Name: Hillery Heigel

Project Information:

Project Name: WO115058663

Project Address/Location: 1152 79th Ave NE (45.11135 -93.240783)

City/State/ZIP: Spring Lake Park, MN.55432

Parcel Number(s): _____

Description of Work and restoration plan: (Attach additional pages if necessary)

Replace 1 deteriorated power pole and rehang equipment. the hole will be hand dug or Auger dug the hole will be 5'x5'x7' with restoration to follow.

Duration of the Right of Way:

Start Date: 01/26/2026

End Date: 03/23/2026

The City of Spring Lake Park reserves the right to modify the schedule as necessary in the issuance of the permit. Therefore, the dates stated on this application may not necessarily match actual approved dates.

Attachments Required:

☒ Site Plan/Map

☒ Project Drawings

☒ Traffic Control Plan

☒ Proof of Insurance (copy of policy)

☐ Property Deed or Owner Authorization

☐ Environmental Impact Assessment (if applicable)

☐ Other: _____

Applicant's Certification:

I, the undersigned, certify that I am the owner or authorized agent of the owner, and that the information provided in this application is true and accurate to the best of my knowledge. I agree to comply with all applicable laws and regulations related to the requested right of way.

In lieu of an escrow fee, we will bill the project owner for actual restoration fees if needed.

Signature: Hillery Heigel Permit Coordinator

Date: 01/07/2026

For Office Use Only:

Application Number: _____

Date Received: 1/7/26

Reviewed By: _____

Approval Status: ☒ Approved ☐ Denied

Conditions of Approval/Reasons for Denial: _____

Signature of Reviewing Officer: _____

Date: 1/8/26

Right of Way Permit - \$150.00

☐ Excavation Hole - \$150.00

☐ Emergency Hole - \$75.00

☐ Trench - \$70/100'

☐ Obstruction Fee - \$150.00

☐ Overhead Obstruction - \$150.00

☐ Boring Holes - \$50.00 per hole

☐ Other: _____

Instructions for Submission:

Complete the application form in its entirety.

Attach all required documents and plans.

Submit the application to info@slpmn.org or wbrown@slpmn.org.

Please verify specific requirements and guidelines with the appropriate agency before submission, as these can vary by location and project type.

APPLICANT MUST CONTACT THE SPRING LAKE PARK PUBLIC WORKS DIRECTOR AT 763-792-7227 48 HOURS PRIOR TO COMMENCING WORK.

✕
♂

45.111350, -93.240783

Save

Nearby

Send to phone

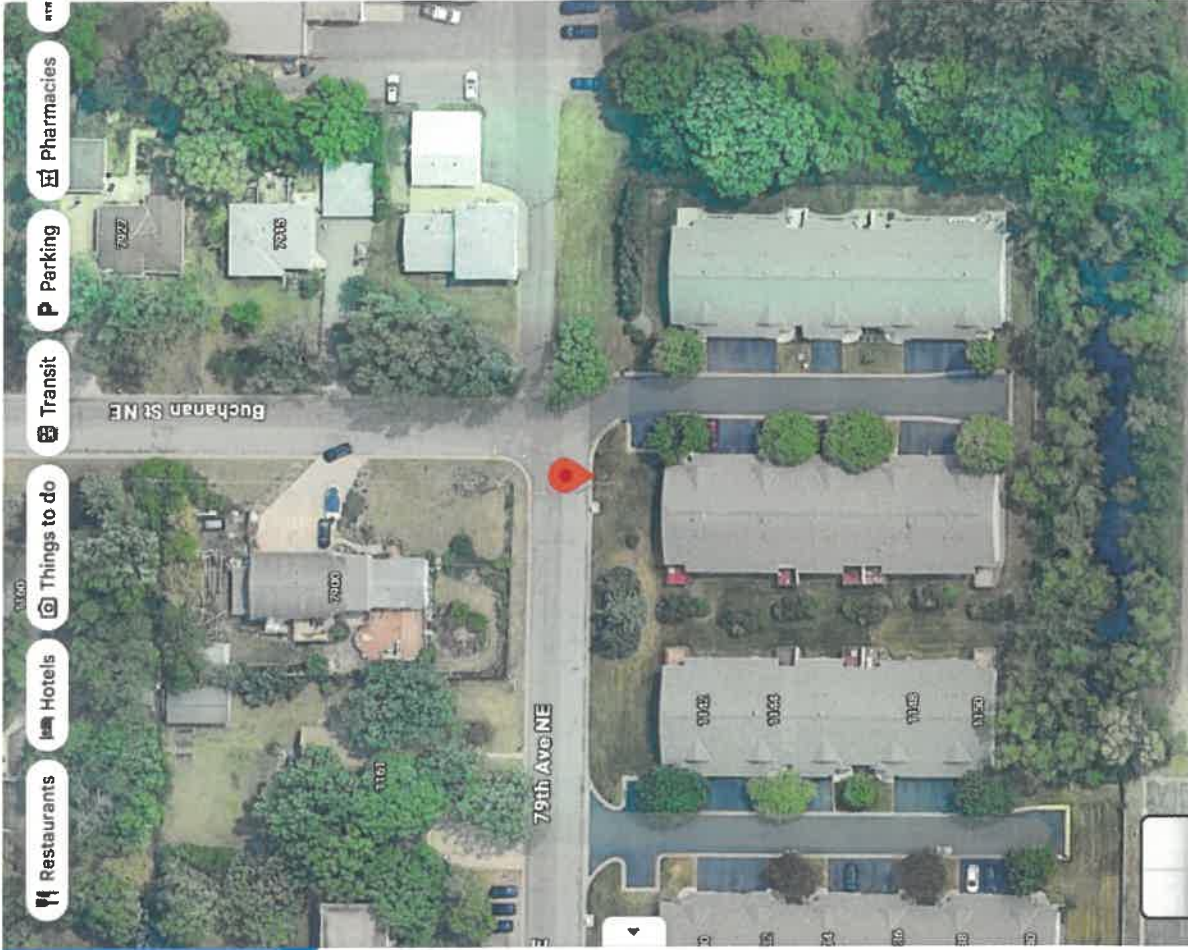
Share

4Q65+GMP Spring Lake Park, Minnesota

Add a missing place

Add your business

Sign in



45°06'40.9"N 93°14'26.8"W



45°06'40.9"N 93°14'26.8"W

45.111350, -93.240783



Directions



Save



Nearby



Send to
phone



Share



4065+GMP Spring Lake Park, Minnesota



Add a missing place



Add your business

Get the most out of Google Maps

Sign in

1152 79th Ave NE

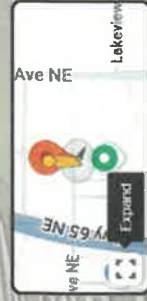
Spring Lake Park, Minnesota



Google Street View

Apr 2024

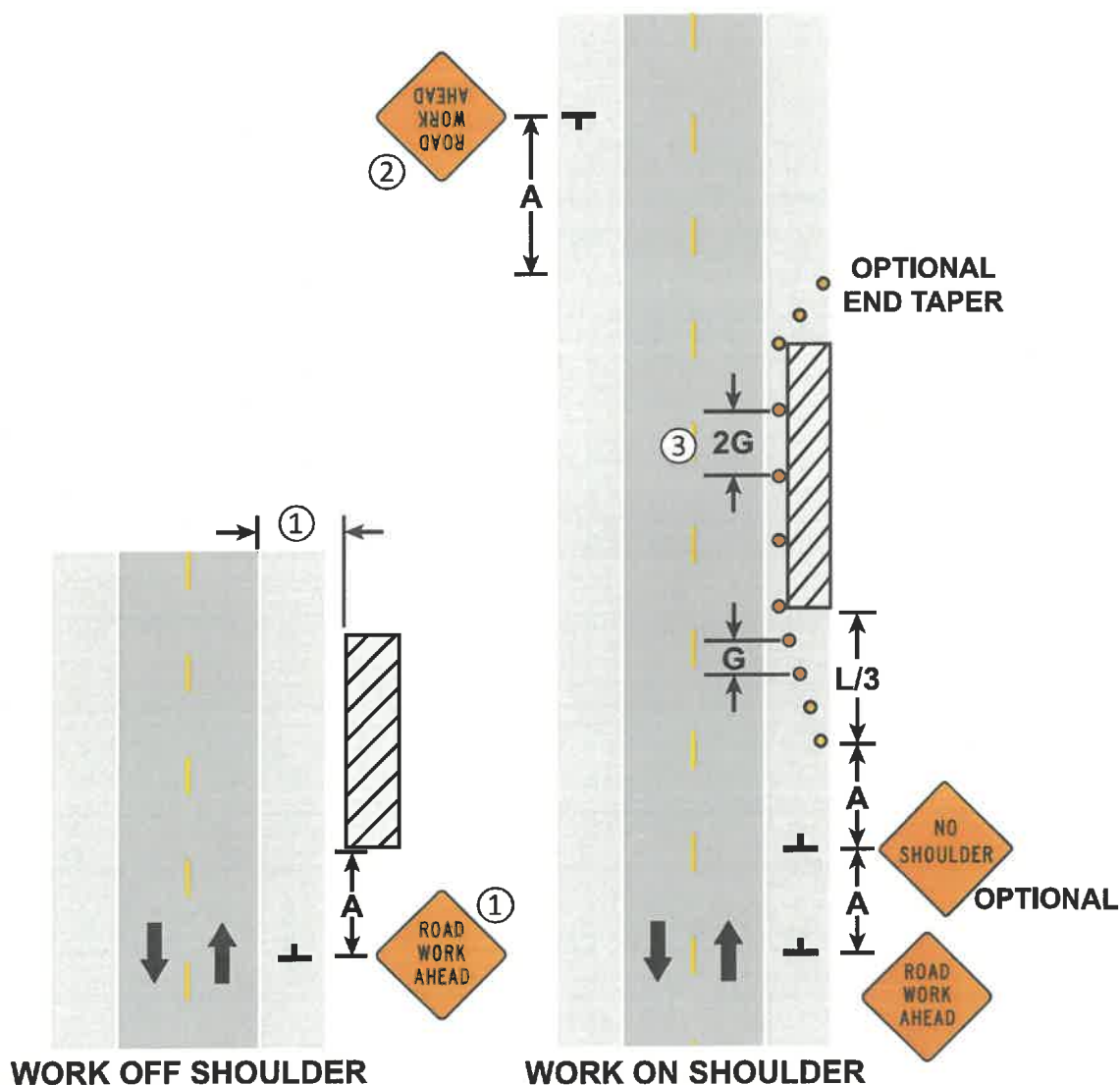
See more dates



Google Maps

NOTES:

- ① The ROAD WORK AHEAD sign may be omitted for short term daylight operations if a vehicle is displaying and operating a 360-degree flashing beacon and:
 - a. The distance from curb face to the work space is at least 2 feet, or
 - b. The distance from the edge of the roadway to the work space is at least 15 feet.
- ② This ROAD WORK AHEAD sign shall be installed on two-lane, two-way roads if traffic control devices are installed for a work space in the opposite shoulder.
- ③ If this layout is used to close a parking lane that is normally open to vehicle travel during the time of day the closure will be in effect, the lane shall be considered a traveled lane and not a parking lane. [Layout 42](#) shall be used to provide traffic control for the lane closure.
4. If this layout is used to close a parking lane, channelizer spacing may be reduced from 2G to G in high volume areas.

**SHOULDER AND PARKING LANE CLOSURE**

Work On or Near Shoulder

3 DAYS or LESS

LAYOUT 8



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Brown & Brown Insurance Services, Inc. 901 Marquette Avenue Suite 1800 Minneapolis, MN 55402 USA	612-333-3323 CONTACT NAME: Dawn Heinemann or Tom Newhouse PHONE (A/C, No, Ext): 612-333-3323 FAX (A/C, No): 612-373-7270 E-MAIL ADDRESS: dawn.heinemann@bbrown.com
INSURED Xcel Energy Inc. Northern State Power Company; Public Service Company of CO and Southwestern Public Service Co. 414 Nicollet Mall, 401-4 Minneapolis, MN 55401 USA	INSURER(S) AFFORDING COVERAGE INSURER A: OLD REPUBLIC INS CO NAIC # 24147 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES	CERTIFICATE NUMBER: 752381957	REVISION NUMBER:
-----------	-------------------------------	------------------

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Subject to 2MM SIR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		MWZY5934725	11/01/25	11/01/26	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 3,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ N/A PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		MWTB2140625	11/01/25	11/01/26	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N N/A	MWC11718825	11/01/25	11/01/26	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of Insurance.

CERTIFICATE HOLDER	CANCELLATION
Evidence of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.