Public Right of Way Application

Applicant Information:

Name of Company: Xcel Energy

Address: 825 Rice St

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

Phone Number: 651-908-3222

Fax Number: 651-908-3222

Email Address: malk.elkhodary@xcelenegy.com

Representatives Name: Malk Elkhodary

Project Information:

Project Name: 116375855

Project Address/Location: 7700 HIGHWAY 65 NE

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

Parcel Number(s): _____

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

P1 -D2- TERM NEW CABLE (RADIAL)

P2 -M08- REBUILD 3PH TP (65T FUSE)

S1 -ABANDON EXISTING CABLE, DIR BORE
APPROX. 270' OF NEW 3PH 1/0 AL CABLE.

Duration of the Right of Way:

Start Date: 09/24/2026 End Date: 12/31/2026

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: Malk Elkhodary

Date: 08/24/2026

For Office Use Only:

Application Number: _____ Date Received: 8/24/26

Reviewed By: CR Approval Status: ☑ Approved ☐ Denied

Conditions of Approval/Reasons for Denial: _____

Signature of Reviewing Officer: _____

Date: 8/25/26

Right of Way Permit - $150.00

☐ Excavation Hole - $150.00

☐ Trench - $70/100'

☐ Overhead Obstruction - $150.00

☐ Emergency Hole - $75.00

☐ Obstruction Fee - $150.00

☐ Boring Holes - $50.00 per hole

☐ Other: _____

Instructions for Submission:

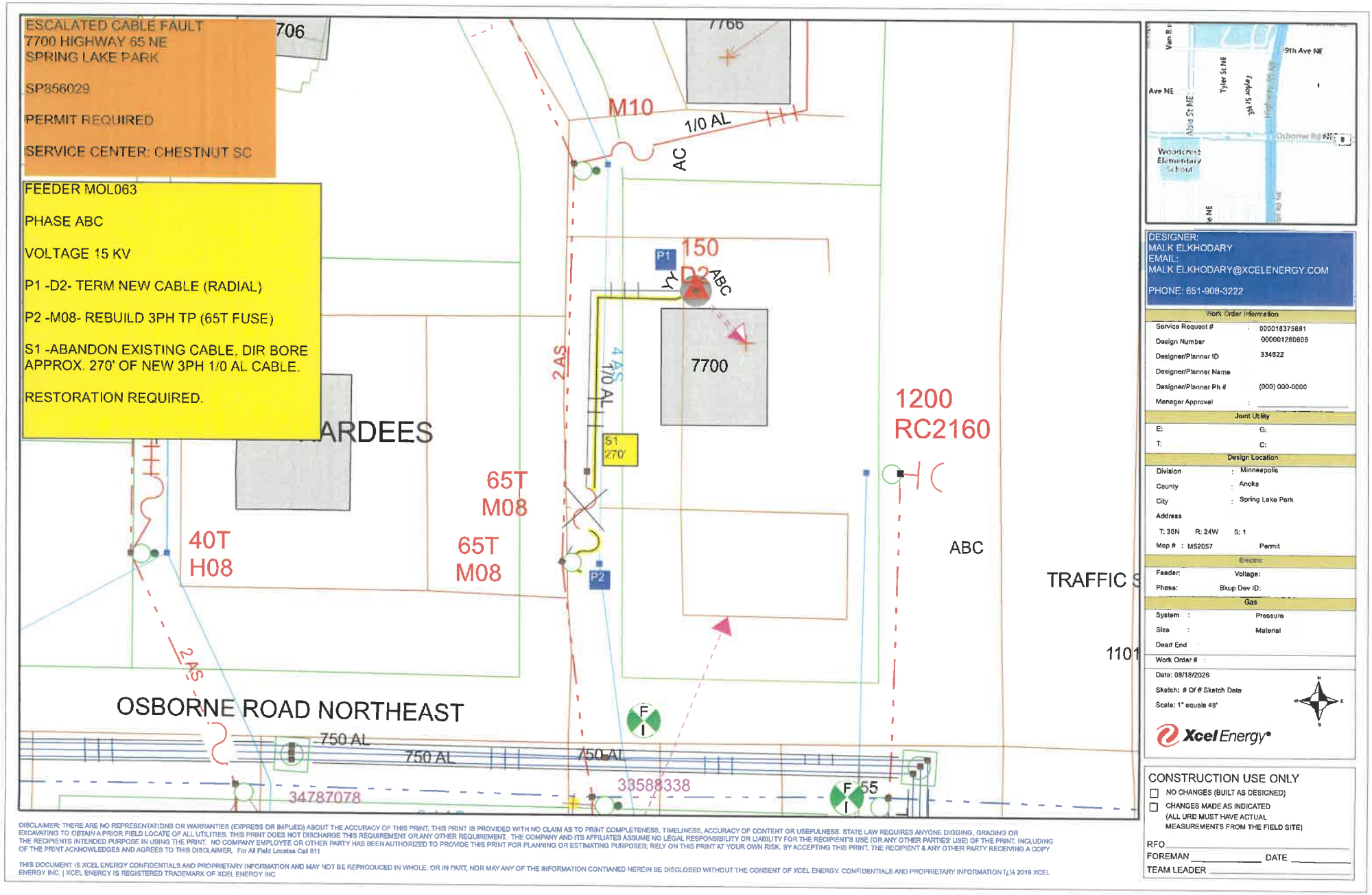
Complete the application form in its entirety.

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.



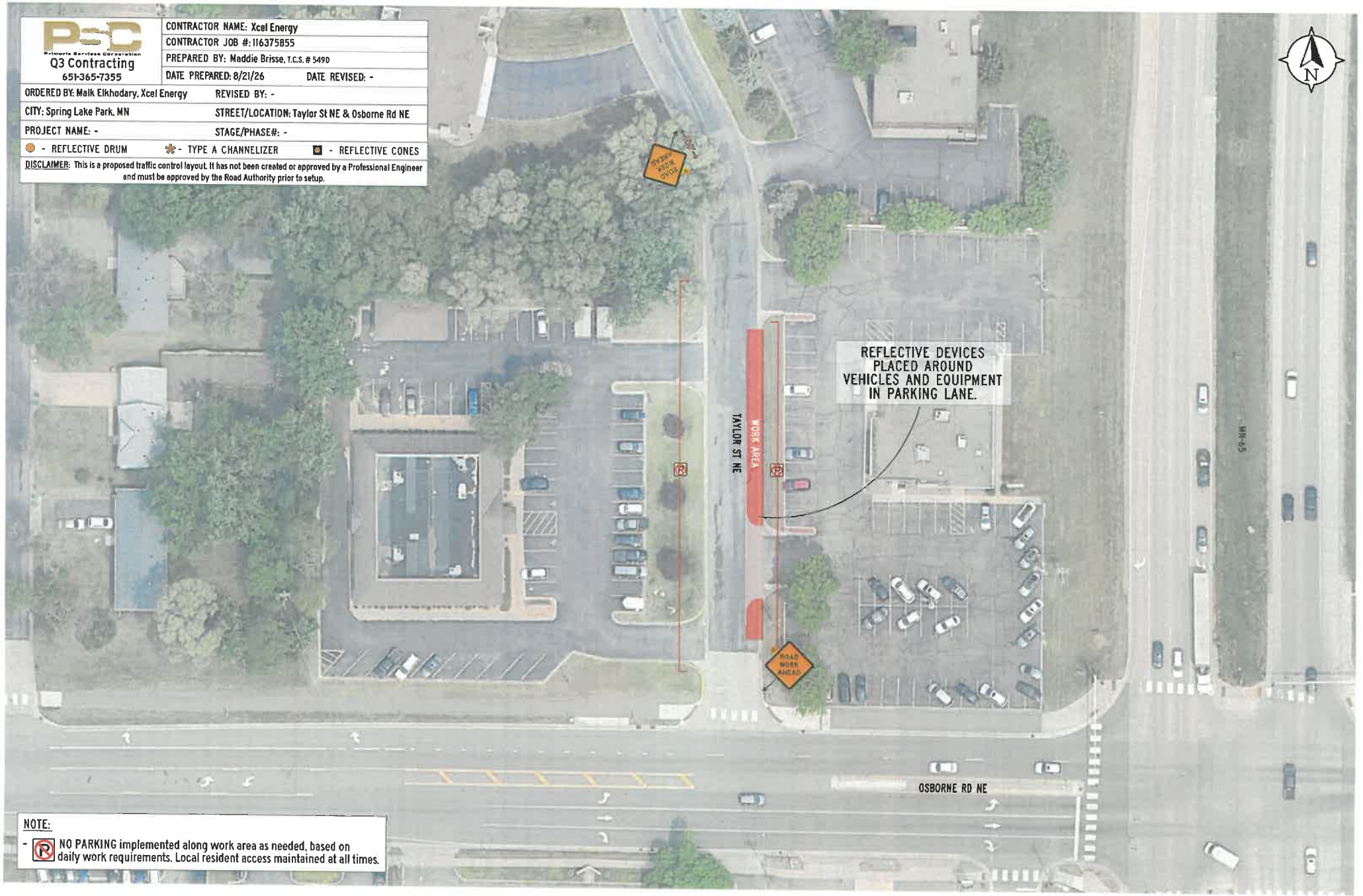
DESIGNER:
MALK ELKHODARY
EMAIL:
MALK.ELKHODARY@XCELENERGY.COM
PHONE: 651-908-3222

Work Order Information	
Service Request #	000018375891
Design Number	000001280609
Designer/Planner ID	334822
Designer/Planner Name	
Designer/Planner Ph #	(000) 000-0000
Manager Approval	
Joint Utility	
E:	G:
T:	C:
Design Location	
Division	Minneapolis
County	Anoka
City	Spring Lake Park
Address	
T: 30N R: 24W S: 1	
Map # : M52057	Permit
Electric	
Feeder:	Voltage:
Phase:	Bkup Dev ID:
Gas	
System :	Pressure
Size :	Material
Dead End	
Work Order # :	
Date: 08/18/2026	
Sketch: # Of # Sketch Date	
Scale: 1" equals 48'	

Xcel Energy®

CONSTRUCTION USE ONLY
- ☐ NO CHANGES (BUILT AS DESIGNED)
- ☐ CHANGES MADE AS INDICATED (ALL URD MUST HAVE ACTUAL MEASUREMENTS FROM THE FIELD SITE)

RFO _____
FOREMAN _____ DATE _____
TEAM LEADER _____


Q3 Contracting
651-365-7355
CONTRACTOR NAME: Xcel Energy
CONTRACTOR JOB #: 116375855
PREPARED BY: Maddie Brisse, T.C.S. # 5490
DATE PREPARED: 8/21/26
DATE REVISED: -
ORDERED BY: Malk Elkhodary, Xcel Energy
REVISED BY: -
CITY: Spring Lake Park, MN
STREET/LOCATION: Taylor St NE & Osborne Rd NE
PROJECT NAME: -
STAGE/PHASE#: -
- REFLECTIVE DRUM
- TYPE A CHANNELIZER
- REFLECTIVE CONES
DISCLAIMER: This is a proposed traffic control layout. It has not been created or approved by a Professional Engineer and must be approved by the Road Authority prior to setup.
REFLECTIVE DEVICES PLACED AROUND VEHICLES AND EQUIPMENT IN PARKING LANE.
TAYLOR ST NE
WORK AREA
ROAD WORK AHEAD
OSBORNE RD NE
MN-65
N
NOTE:
- NO PARKING implemented along work area as needed, based on daily work requirements. Local resident access maintained at all times.

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 612-333-3323 Brown & Brown Insurance Services, Inc. 901 Marquette Avenue Suite 1800 Minneapolis, MN 55402 USA	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 / NAIC # INSURER A: OLD REPUBLIC INS CO 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			MWZY5934725	11/01/25	11/01/26	EACH OCCURRENCE	$ 3,000,000
	CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 3,000,000
	X Subject to 2MM SIR						MED EXP (Any one person)	$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$ 3,000,000
	POLICY [ ] PRO-JECT [ ] LOC						GENERAL AGGREGATE	$ N/A
	OTHER:						PRODUCTS - COMP/OP AGG	$ 3,000,000
								$
A	AUTOMOBILE LIABILITY			MWTB2140625	11/01/25	11/01/26	COMBINED SINGLE LIMIT (Ea accident)	$ 5,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	DED [ ] RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		MWC11718825	11/01/25	11/01/26	X PER STATUTE [ ] 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

Evidence of Insurance

CANCELLATION

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