



Public Right of Way Application

no charge

Applicant Information:

Name of Company: Xcel Energy

Address: 825 Rice St

City/State/ZIP: St Paul, MN 55117

Phone Number: 8163942303

Fax Number: _____

Email Address: hannah.k.sayre@xcelenergy.com

Representatives Name: Hannah Sayre

Project Information:

Project Name: Pole replacement

Project Address/Location: 8042 Terrace Rd NE

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

Parcel Number(s): N/A - pole sits nearest this address

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

Duration of the Right of Way:

Start Date: 2/12/25

End Date: 05/31/2025

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: _____

Date: 2/11/25

For Office Use Only:

Application Number: _____

Date Received: 2/25/25

Reviewed By: *CL*

Approval Status: Approved Denied

Conditions of Approval/Reasons for Denial: _____

Signature of Reviewing Officer: *Clayton Lemmer*

Date: 2/26/25

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.



Les Barnett
 leslie.e.barnett@xcelenergy.com
 816-314-1149

Work Order Information
 Service Request # : 00014849890
 Design Number : 00001626167
 Designer/Planner ID : 231248
 Designer/Planner Name : LESLIE BARNETT
 Designer/Planner Pin # : (000) 000-0000
 Manager Approval : _____

Job Utility
 E : _____
 T : _____
 G : _____
 C : _____

Design Location
 Division : Minneapolis
 County : Anoka
 City : Spring Lake Park
 Address : _____
 T: 30N R: 24W S: 2
 Map # : M52045
 Permit : _____

Feeder
 Voltage : _____
 Phase : _____
 Bkup Dev ID : _____
 Cost : _____

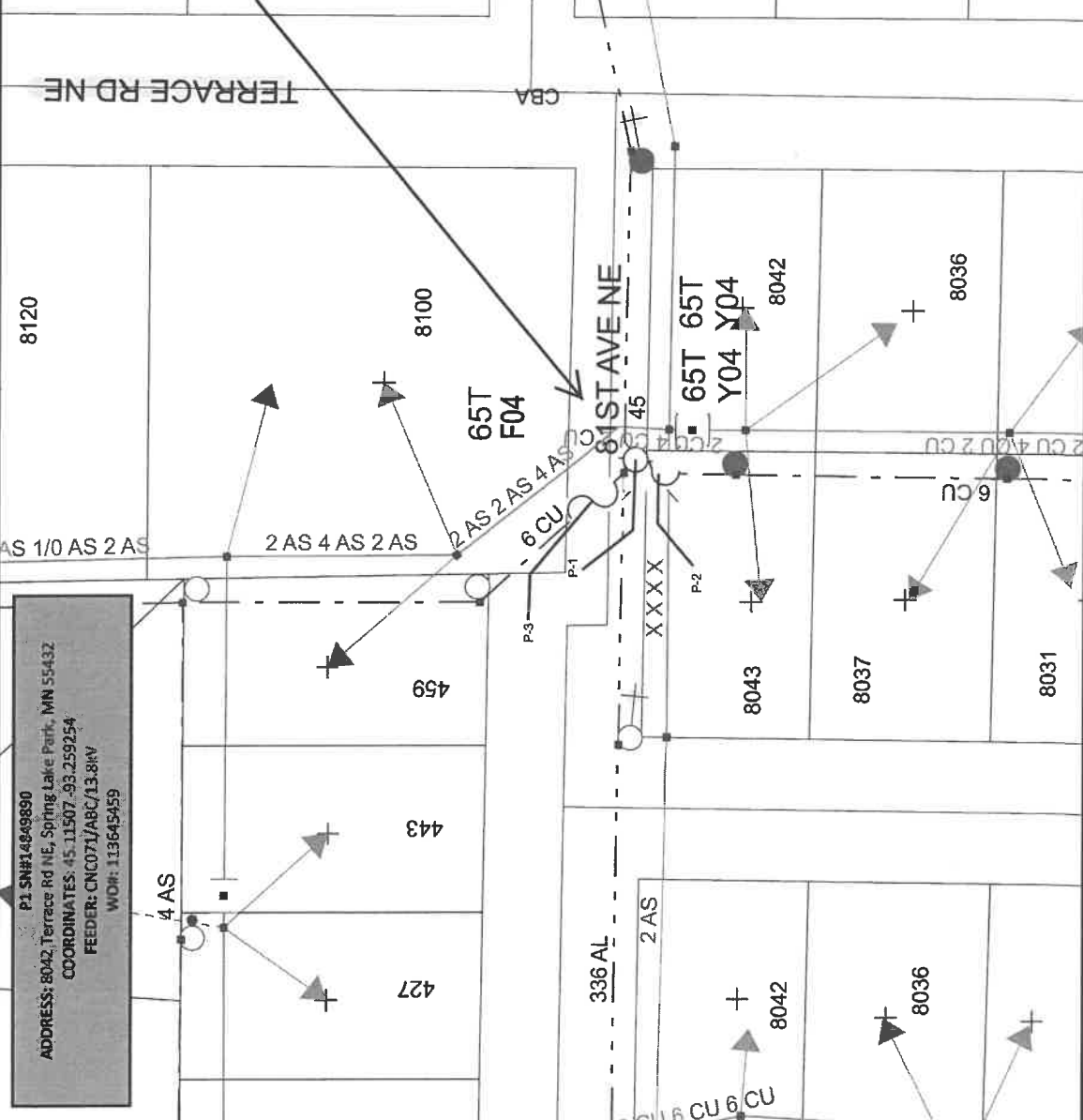
System
 Size : _____
 Material : _____
 Pressure : _____
 Work Order # : _____
 Date : D:\0302025
 Sheet: # of # Sketch Data
 Scale: 1" equals 50'

XcelEnergy

CONSTRUCTION USE ONLY
 NO CHANGES (BUILT AS DESIGNED)
 CHANGES MADE AS INDICATED
 (ALL UPO MUST HAVE A COPY OF MEASUREMENTS FROM THE FIELD SITE)

RFO _____
 FOREMAN _____
 DATE _____

ID: 35271958
 POI: M245 Y04 & M52045 F04
 REMOVE: 1Ø FUSED (65T) TAP (C-42) AND SEC OPEN PTS (D-16)
 INSTALL: (2) 1Ø FUSED (65T) TAP'S (C-42) AND INSTALL SEC OPEN PTS (D-16)
 REPLACE: EXISTING POLE WITH 45/2 POLE, 3Ø TAN HARDWARE (C-20), SECONDARY HARDWARE (D-15)
 TRANSFER: CONDUCTORS, COMMS AND CATV POWER SUPPLY
 TREE TRIM: NO
 TRUCK ACCESS: YES
 SPOT POLE: YES
 HAND DIG: YES, COMMS RISER
 PERMIT REQ'D: CITY OF SPRING LAKE PARK
 NOTE: Top pole above CATV continue to feed CATV Power Supply



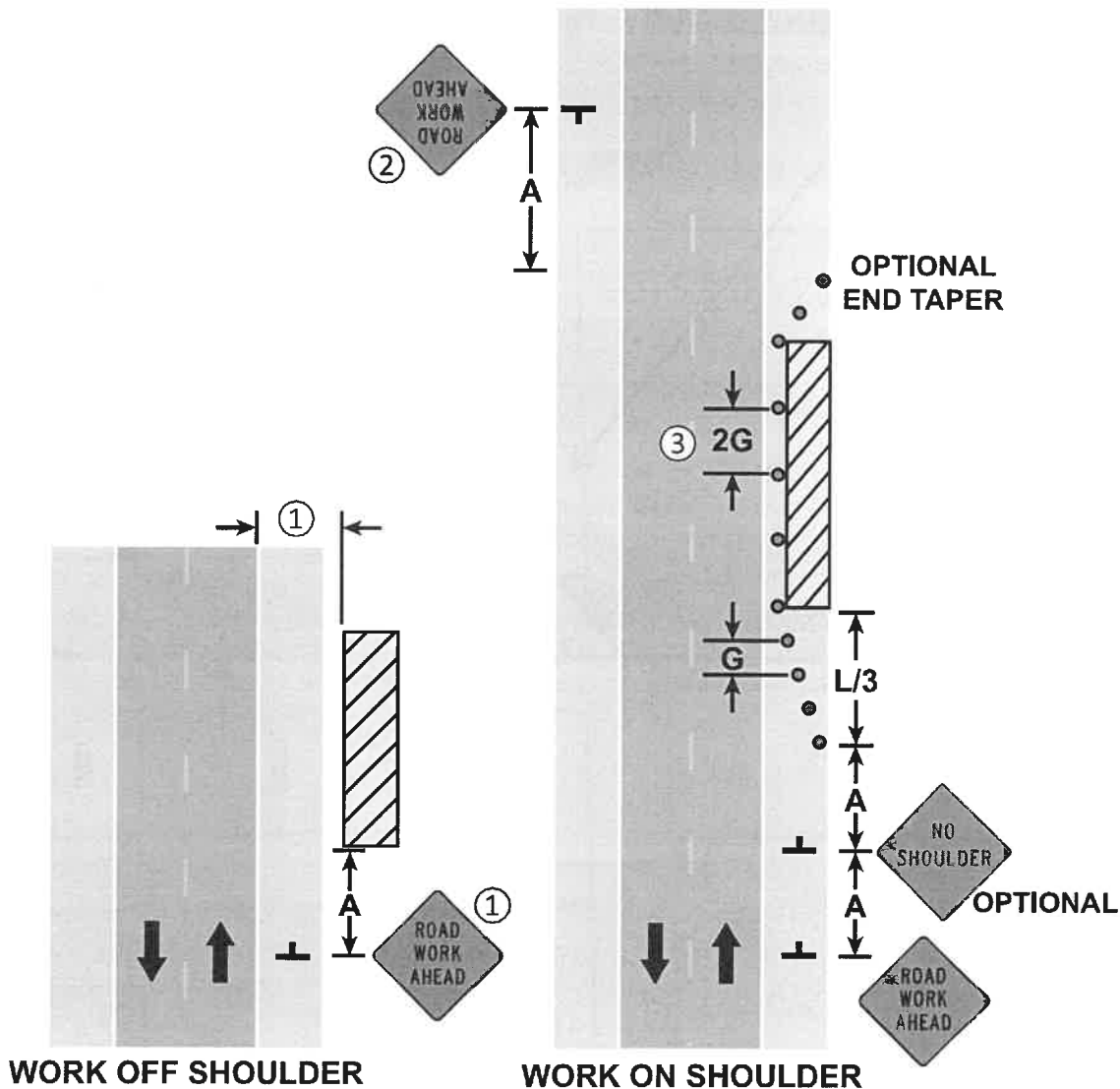
P1 SNR14849890
 ADDRESS: 8042, Terrace Rd NE, Spring Lake Park, MN 55432
 COORDINATES: 45.11507 -93.259254
 FEEDER: CNC071A8C/13.8RV
 WDH: 113645459

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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

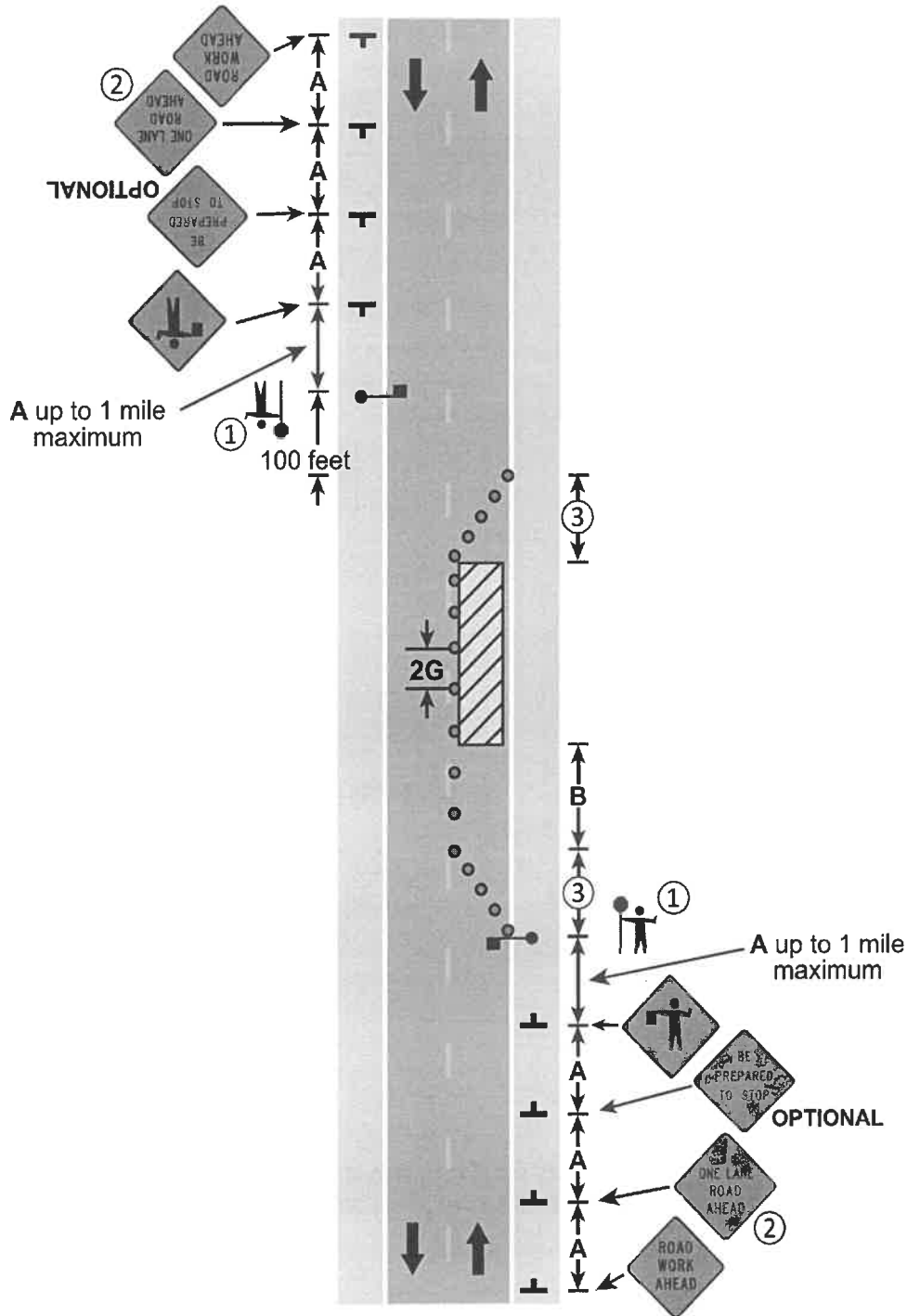
Work On or Near Shoulder

3 DAYS or LESS

LAYOUT 8

NOTES:

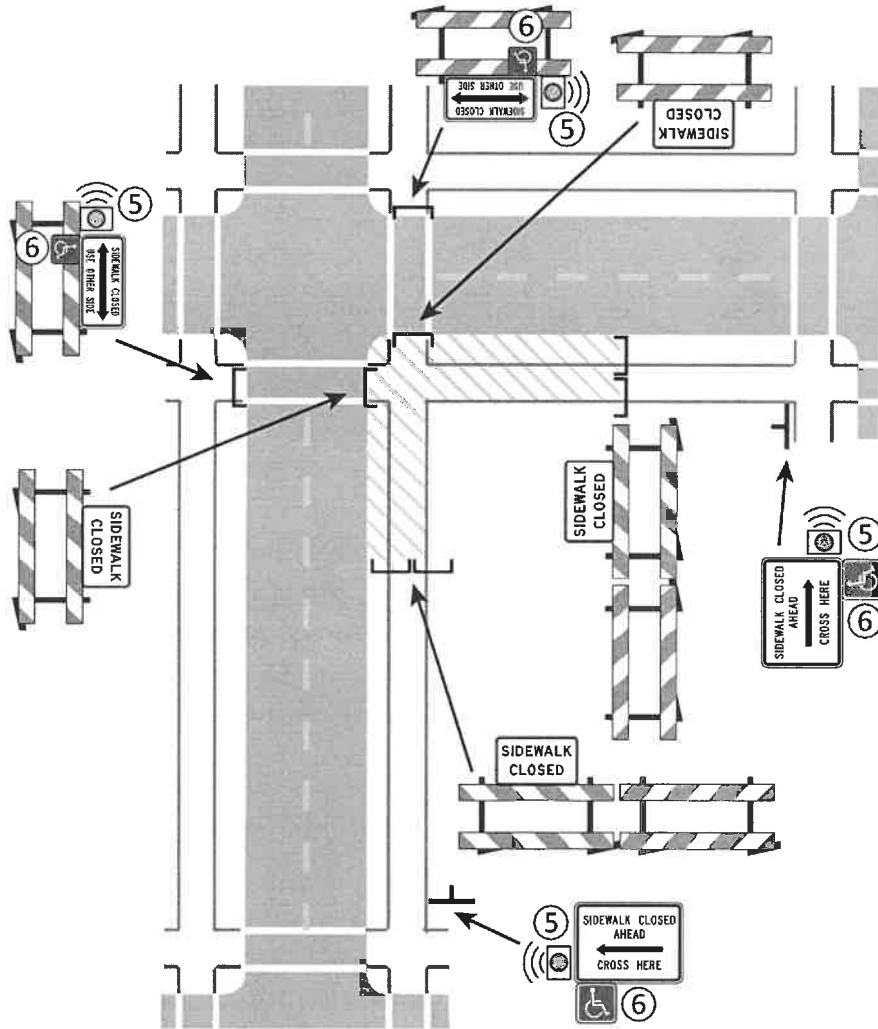
- ① The approach sight distance to the flagger shall be at least the Decision Sight Distance (**D**).
- ② The ONE LANE ROAD AHEAD sign may be omitted when the posted speed limit is 40 mph or less.
- ③ The two-way taper should be 50 feet in length using 5 equally spaced channelizing devices.
4. If anticipating operational problems, the use of a Pilot Car (see Layout 18) may improve operations and safety.



**LANE CLOSURE, TWO FLAGGERS
TWO-LANE, TWO-WAY ROAD**

3 DAYS or LESS

LAYOUT 16



ALTERNATE PEDESTRIAN ROUTE
CROSSWALK CLOSURES AND PEDESTRIAN DETOURS
3 DAYS or LESS LAYOUT 88b LAYOUT 88a & b
6K-88b



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/07/2024

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. 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
INSURER(S) AFFORDING COVERAGE: NAIC # 24147
INSURER A: OLD REPUBLIC INS CO
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

COVERAGES CERTIFICATE NUMBER: 751440249 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.

Table with 7 columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes rows for Commercial General Liability, Automobile Liability, Umbrella Liability, and Workers Compensation and Employers' Liability.

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: John Newhouse

