Form 1723 (6-26-2013)

ENTER Hwy from Spreadsheet

ENTER Rest Area Name from Spreadsheet

USE drop-down to select County from Spreadsheet

ENTER Milepost and Location Description from Spreadsheet

MINNESOTA DEPARTMENT OF TRANSPORTATION
APPLICATION FOR MISC[illegible]N
TRUNK HIGHWAY

Document Management System # _____

District _____ Permit # _____

C.S. _____

R.P. _____

(THIS SECTION FOR MnDOT OFFICE USE ONLY.)

ATTA[illegible]OSED WORK AREA AND RELATION TO TRUNK HIGHWAY.
SUBMI[illegible]ICE OF MINNESOTA DEPARTMENT OF TRANSPORTATION.

APPLICANT	**TELEPHONE**	**ADDRESS** (Street, City, State, Zip)
PARTY PERFORMING WORK	**TELEPHONE**	**ADDRESS** (Street, City, State, Zip)

LOCATION OF PROPOSED WORK (City/Township) (County) (Distance) (N-S-E-W) **SPECIFIC ROAD INTERSECTION OR LANDMARK**

Highway in Miles of

WILL THIS FACILITY BE WITHIN TRIBAL LANDS? ☐ Yes ■ No **IF YES, WHICH ONE?**

NATURE OF WORK

ENTER "Rest Area Refreshment Break"

SURFACE TO BE DISTURBED (Check Appropriate Boxes)

☐ Roadway ☐ Shoulder ☐ Concrete ☐ Bituminous ☐ Gravel ☐ Turf Only

☐ Other (explain) _____

DEPTH OF EXCAVATION BELOW SURFACE	**NUMBER & SIZE OF EXCAVATIONS**	**METHOD OF INSTALLATION/CONSTRUCTION**
WORK TO START ON OR AFTER	**WORK TO BE COMPLETED BY**	**IS TRAFFIC DETOUR NECESSARY?** ☐ Yes ☐ No **(IF YES, TRAFFIC CONTROL PLAN IS REQUIRED.)**

ENTER Start date and time of Refreshment Break

ENTER End date and time of Refreshment Break

APPLICANT'S ACCEPTANCE, WAIVER AND INDEMNIFICATION

[illegible]hereby agrees to comp[illegible]es, and the standard conditions and special provisions of this permit. The applicant no work in connection[illegible]rted until the application has

The applicant is aware of circumstances or hazards that may arise while performing the work associated with th[illegible] or death, and the applicant assumes the risk of such circumstances, dangers and hazards, whether reasonably fo[illegible]

The applicant also understands that this permit may also be subject to the approval of local road authorities ha[illegible] may be subject to applicant's compliance with the rules and regulations of the Minnesota Environmental Q[illegible] agencies.

The undersigned applicant expressly agrees that except for negligent acts of the State, its agents and employees, [illegible] assume all liability for, and save the State, its agents and employees, harmless from any and all claims for damag[illegible] to be done in connection with this application and permit.

1) Complete all highlighted sections.
2) Use spreadsheet for Rest Area Name and Locational information.
3) Attach certificate of insurance with permit application. Insurance coverage must comply with requirements of rest area policy available online at http://www.dot.state.mn.us/policy/operations/op003.html.
4) Email completed application and insurance certificate to District Contact listed on map or spreadsheet. Ideally, application should be sent at least 60 days in advance to assure permit authorization.

NOTE: It is the sponsor's responsibility to visit the rest area in advance to review conditions including electrical outlets, floorspace and water connections.

NAME AND TITLE	**EMAIL ADDRESS**
DATE	**SIGNATURE**

DO NOT WRITE BELOW THIS LINE

PERMIT NOT VALID UNLESS BEARING AUTHORIZED MnDOT SIGNATURE A[illegible]

AUTHORIZATION OF PERMIT

It is expressly understood that this permit is conditioned upon restoration of the trunk highway right-of-way to i[illegible] consideration of the applicant's agreement to comply in all respects with the applicable laws and the conditions [illegible] this permit, permission is hereby granted for the work to be performed as described in the above application, said work to be performed in accordance with the following standard conditions and special provisions:

SEE ATTACHED STANDARD CONDITIONS AND SPECIAL PROVISIONS

_____ Date All Work To Be Completed By	_____ Authorized MnDOT Signature	_____ Date of Authorized Signature

DISTRIBUTION	**DEPOSIT REQUIREMENTS**	**DEPOSIT TYPE**
Original to Area Maintenance Engineer	☐ No Deposit Required	Cashier's Check # _____
Applicant	☐ Deposit Required in the Amount of $ _____	Certified Check # _____
Subarea Supervisor	Date Deposit Received _____	Money Order # _____
Roadway Regulations Supervisor	***Deposit to be returned upon satisfactory completion of all work***	Bond # _____

DATE WORK COMPLETED ***(The date when the work is completed must be reported to the MnDOT District Permits Office)***