



Application for an Encroachment Permit City of Thief River Falls – Public Works Department

Property Information

Property Owner: _____

Property Address: _____

Parcel No.: _____

Legal Description: _____

Applicant Information

Name: _____

Address: _____

Telephone Number: _____

E-Mail Address: _____

Applicant Signature: _____

Encroachment Description

Please identify the type of encroachment being requested, and describe the materials to be used: _____

PROVIDE A SURVEY/SITE PLAN THAT SHOWS THE DETAILS AND DIMENSIONS OF THE ENCROACHMENT. THE DRAWING MUST SHOW ACCURATE PROPERTY LINES AND THE LOCATIONS OF ELEMENTS OF THE RIGHT OF WAY, SUCH AS STREETS, SIDEWALKS, BOULEVARDS, CURBS, CURBS-CUTS, TREES, HYDRANTS, LIGHTS AND SIGNS, BUS STOPS, UTILITIES.

_____ Certification of Insurance

_____ Approved _____ Denied

_____ Application Fee \$100.00

_____ Public Works Director

_____ Date

_____ Recording Fee \$50.00

State of Minnesota
City of Thief River Falls

Certified to be a true and correct copy of the original on file and of record in my office.

Dated: _____

Travis Giffen, Public Works Director
City of Thief River Falls

Attest: _____
Angie Philipp
City Administrator