| Application Form
STREET01 | **Development Services
Customer Service Center**
250 South 4th Street – Room 300
Minneapolis, MN 55415 – 1316
Office 612-673-3000 or 311
Fax 612-370-1416
TTY 612-673-2157
www.minneapolismn.gov/mdr | *Office Use Only*

A/P #_____

Amount $_____

Flag(s) _____

Development Coordinator _____Date_____ |

Minneapolis
City of Lakes

STREET USE APPLICATION

JOB ADDRESS (INCLUDE ADDRESS #, STREET NAME, & DIRECTIONAL), Apt/Unit#

APPLICANT		PHONE		
ADDRESS	CITY		STATE	ZIP
LICENSE # (not applicable for storage containers)	EMAIL			
CONTACT NAME		PHONE		

CERTIFICATION STATEMENT

I hereby certify that: I am authorized to make this application; all information provided on this application or in other submittals is true and accurate to the best of my knowledge; authorization from the owner to perform the proposed work has been granted; all work performed as part of any permit will comply with all applicable state and municipal laws and ordinances, and any required contractor license, personal license, or certificate of competency will be obtained prior to any work being performed. I understand that the issuance of a permit does not grant any contractor license, certificate of competency, business license, or other license, and unlicensed persons shall not be hired to perform work that requires a license or certificate of competency.

SIGNATURE _____ **DATE** _____

TYPE OF CONTAINER and NUMBER OF DAYS **(check one box only)** *** The number of days begins when the permit is issued.**			
Number of Days*	**Permit Fee**	**Dumpster**	**Storage Container**
30 Days	$80.90		
60 Days	$161.80		
90 Days	$242.70		

For Public Works Department Only

Public Works Traffic Engineer Approval_____ Contacted By_____ Date_____

MAKE CHECKS PAYABLE TO: **MINNEAPOLIS FINANCE DEPARTMENT**, OR CHARGE TO

ALL MAJOR CREDIT CARDS ACCEPTED	ACCOUNT#	CVV#	EXP DATE: Mo___Yr___

V10.2016

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