



## Street Use Permit

339 Third St. • Excelsior, MN 55331

952-653-3674

Email permit to: [permits@excelsiormn.org](mailto:permits@excelsiormn.org)

**JOB ADDRESS**

Property Address:

**APPLICANT INFORMATION**

Name:

Address:

City:

State:

Zip Code:

Telephone:

E-Mail:

**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 Fees	Dumpster	Storage Container
30 Days	\$80		
60 Days	\$160		
90 Days	\$240		

I have attached a site plan showing where I am proposing to place the dumpster or storage container and understand the placement of the dumpster or storage container and its location must be approved by Public Works before proceeding

**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 permit 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**For Public Works Department Only**

Public Works Approval: \_\_\_\_\_

Date: \_\_\_\_\_