



TOWNSHIP • MINNESOTA

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Phone 612-490-3142

E-Mail: zoning@athenstownship.com

R.O.W. and UTILITIES PERMIT APPLICATION FORM

FACILITIES: _____

COMPANY NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

DATE: _____

FAX: _____

Permission is hereby requested to install _____

At the following locations designated on the attached map.

The depth of the proposed facilities will be installed as follows: _____

Additional information on the proposed facilities: _____

Providing the permit is approved, work is to be started on

_____ And completed by _____

TOWN OF ATHENS

APPLICANT:

_____ Company Name

_____ Authorized Signature

(Seal)

Application approved: _____

Planning and Zoning Administrator