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| Form 1750 (1-26-19)**MINNESOTA DEPARTMENT OF TRANSPORTATION MOWING/HAYING PERMIT APPLICATION** |  Document Management System # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District \_\_\_\_\_\_\_\_\_\_\_\_ Permit # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C.S. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T.H. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ R.P. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(THIS SECTION FOR MnDOT OFFICE USE ONLY.)* |
| ***ATTACH A SKETCH OF THE PROPOSED WORK AREA AND RELATION TO TRUNK HIGHWAY.******SUBMIT TO DISTRICT OFFICE OF MINNESOTA DEPARTMENT OF TRANSPORTATION.*** |
| **APPLICANT** | **TELEPHONE** | **ADDRESS (Street, City, State, Zip)** |
| **IS THE APPLICANT THE OWNER OR OCCUPANT OF THE ABUTTING LAND? Yes No** |
|  **LOCATION OF PROPOSED WORK** (City/Township) (County) (Distance) (N-S-E-W)  **SPECIFIC ROAD INTERSECTION OR LANDMARK** Highway in , Miles of |
| **IS THIS WITHIN TRIBAL LANDS? IF YES, A PERMIT TO MOW/HAY CAN NOT BE ISSUED** |
| **APPLICANT'S ACCEPTANCE, WAIVER AND INDEMNIFICATION****The undersigned applicant hereby agrees to comply with applicable statutes, rules and all of the standard conditions and special provisions of this permit. The applicant understands and agrees that no work in connection with this application will be started until the application has been approved and the permit issued.****The applicant is aware of circumstances, dangers or hazards that may arise while working on a highway right of way that could result in injury, loss, damage or death, and the applicant assumes the risk of such circumstances, dangers or hazards, whether reasonably foreseeable or not. The applicant is also aware that vegetation along highway roadsides may contain residue from automotive emissions and chemical herbicides used for vegetative control.****The applicant expressly agrees that except for negligent acts of the State, its agents and employees, the applicant shall assume all liability for, and save the State, its agents and employees, harmless from, any and all claims for damages, actions or causes of action arising out of the work to be done by the applicant or on the applicant's behalf in connection with this application and permit.****The applicant agrees to restore the trunk highway right of way to its original condition or other satisfactory condition. The applicant accepts responsibility for repair of any damage to the trunk highway right of way caused by mowing/haying operations, including but not limited to rutting of ditches, cutting of designated landscape plantings, or damage to survey monuments.** |
| **NAME AND TITLE** | **EMAIL ADDRESS** |
| **DATE** | **SIGNATURE** |
| DO NOT WRITE BELOW THIS LINE |
| PERMIT NOT VALID UNLESS BEARING AUTHORIZED DISTRICT SIGNATURE AND NUMBER |
| **AUTHORIZATION OF PERMIT****In consideration of the applicant’s agreement to comply in all respects with the applicable laws and the conditions of the Commissioner of Transportation pertaining to 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:****SEE ATTACHED STANDARD CONDITIONS AND SPECIAL PROVISIONS** |
| **YOU MUST CONTACT THE MnDOT AUTHORIZED REPRESENTATIVE PRIOR TO CUTTING:****Contact Name Phone Number** |
| Date All Work To Be Completed By | Authorized MnDOT Signature | Date of Authorized Signature |
| **DISTRIBUTION**Original to Area Maintenance EngineerApplicantSubarea SupervisorRoadway Regulations Supervisor | **DEPOSIT REQUIREMENTS** No Deposit Required \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Deposit Required in the Amount of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Deposit Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Deposit to be returned upon satisfactory completion of all work*** | **DEPOSIT TYPE** Cashier's Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Certified Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Money Order # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bond # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **DATE WORK COMPLETED *The date when the work is completed must be reported to the MnDOT District Permits Office)*** |