



# MINNEHAHA COUNTY HIGHWAY DEPARTMENT UTILITY OCCUPANCY APPLICATION AND PERMIT

Complete this form, print, and mail to:  
Minnehaha County Highway Dept.  
2124 East 60<sup>th</sup> Street North  
Sioux Falls, SD 57103. OR send email  
to: [awohlwend@minnehahacounty.org](mailto:awohlwend@minnehahacounty.org)

| APPLICANT INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | MCHD USE ONLY: PERMIT NO. 25-U- <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span>                                                                                                                                              |                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Utility Company:                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Date:                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |
| Company Contact: <span style="float: right;">(printed) (title)</span>                                                                                                                                                                                                                                                                                                                                                                                      |  | <input type="checkbox"/> I am Pre-Registered                                                                                                                                                                                                                                                                                                                                                                                                     |                |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |
| Business Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Mobile:                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |
| Email:                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |
| Owner's Agent <span style="float: right;">(printed) (title)</span>                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |
| Agent Contact Info.                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Email:                                                                                                                                                                                                                                                                                                                                                                                                                                           | Phone: Mobile: |
| Site Supervisor/Contractor                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | /                                                                                                                                                                                                                                                                                                                                                                                                                                                | Phone: Mobile: |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Email:                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |
| Proposed installation start (date) ____/____/____                                                                                                                                                                                                                                                                                                                                                                                                          |  | Proposed completion (date) ____/____/____ <span style="color: red;">See Page 3 for Violations</span>                                                                                                                                                                                                                                                                                                                                             |                |
| <b>FACILITY INFORMATION</b> <i>(Complete only as necessary)</i>                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |
| Describe work to be done, purpose, and need. _____<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |
| Size of Facility                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Number of Cables Length of Down Guys                                                                                                                                                                                                                                                                                                                                                                                                             |                |
| Pipe Line Pressure Avg. Operating Temp.                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Size of Pipe/Casing Length of Pipe/Casing                                                                                                                                                                                                                                                                                                                                                                                                        |                |
| Location of Pole(s)                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Location of Appurtenances Location - Others                                                                                                                                                                                                                                                                                                                                                                                                      |                |
| The primary nature of the proposed work is (check one)                                                                                                                                                                                                                                                                                                                                                                                                     |  | <input type="checkbox"/> New Facility <input type="checkbox"/> Replacement <input type="checkbox"/> Relocation <input type="checkbox"/> Maintenance                                                                                                                                                                                                                                                                                              |                |
| <b>OVERHEAD (AERIAL) CONSTRUCTION</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |
| <input type="checkbox"/> Single Pole<br><input type="checkbox"/> H-Frame<br><input type="checkbox"/> Single Pole & H-Frame<br><input type="checkbox"/> Steel Tower<br><input type="checkbox"/> Other _____                                                                                                                                                                                                                                                 |  | <input type="checkbox"/> Open Wire<br><input type="checkbox"/> Cable<br><input type="checkbox"/> Vertical<br><input type="checkbox"/> Cross-arm<br><input type="checkbox"/> Vertical and Cross-arm                                                                                                                                                                                                                                               |                |
| Voltage                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Number of Conductors Size of Conductors                                                                                                                                                                                                                                                                                                                                                                                                          |                |
| Minimum Height of conductor: _____ feet along highway _____ feet clearance above highway                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |
| Describe location and extent of tree trimming and/or clearing: _____                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |
| <b>UNDERGROUND CONSTRUCTION</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |
| <b>CONDUIT</b><br><input type="checkbox"/> Direct Bury<br><input type="checkbox"/> Plastic (Type _____)<br><input type="checkbox"/> Steel Pipe CLASS/SCH SIZE DEPTH<br><input type="checkbox"/> Concrete <span style="border: 1px solid black; padding: 0 10px;">  </span> <span style="border: 1px solid black; padding: 0 10px;">  </span> <span style="border: 1px solid black; padding: 0 10px;">  </span><br><br><input type="checkbox"/> Other _____ |  | <b>CASING</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Plastic (Type _____)<br><input type="checkbox"/> Steel<br><input type="checkbox"/> Concrete CLASS/SCH SIZE DEPTH<br><span style="border: 1px solid black; padding: 0 10px;">  </span> <span style="border: 1px solid black; padding: 0 10px;">  </span> <span style="border: 1px solid black; padding: 0 10px;">  </span><br><br><input type="checkbox"/> Other _____ |                |
| Voltage                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Number of Conductors Size of Conductors                                                                                                                                                                                                                                                                                                                                                                                                          |                |
| Method of Installation Under Roadways: <input type="checkbox"/> Boring <input type="checkbox"/> Jacking <input type="checkbox"/> Open Trench <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |
| If open trench, explain why this is necessary: _____                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |
| Describe location and extent of tree trimming and/or clearing: _____                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |

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| <b>LOCATION INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <i>[For County Use Only Route: Begin MRM      End MRM      ]</i> |                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------|
| <b>Highway Route:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Street Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Along/Parallel                          | <input type="checkbox"/> Across |
| Begin Side of Road <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | End Side of Road <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Total Length (feet or miles)                                     |                                 |
| Begin _____ feet from reference marker _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | End _____ feet from reference marker _____                       |                                 |
| <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> E from city of _____ or _____ miles from junction with highway/street _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                  |                                 |
| <b>LOCATION INFORMATION - 2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <i>[For County Use Only Route: Begin MRM      End MRM      ]</i> |                                 |
| <b>Highway Route:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Street Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Along/Parallel                          | <input type="checkbox"/> Across |
| Begin Side of Road <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | End Side of Road <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Total Length (feet or miles)                                     |                                 |
| Begin _____ feet from reference marker _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | End _____ feet from reference marker _____                       |                                 |
| <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> E from city of _____ or _____ miles from junction with highway/street _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                  |                                 |
| <b>SUPPLEMENTAL INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                  |                                 |
| <i>The intended use of this section is to help the applicant provide information as appropriate in order to streamline and standardize the permitting and review process. Complete as appropriate in accordance with the guidance document, "Accommodation of Utilities on County Highway Right-of-Way". Not all components listed below apply to every project. The amount of information supplied by the applicant should match the scope and scale of the proposed utility improvements. Minnehaha County reserves the right to request any information listed below as well as additional information as required. At a minimum, a sketch, map, or site plan showing the area of work, relation to property boundaries, distances, relation to other utilities present, size of features, etc. should accompany the application.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                  |                                 |
| <b>The following information is attached to the permit application (check all that apply)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Written Narrative<br/> <input checked="" type="checkbox"/> General Site Plan<br/> <input type="checkbox"/> Traffic Control Plan (req'd for Road/Lane Closure)<br/> <input type="checkbox"/> Access/Egress Plan<br/> <input type="checkbox"/> Erosion Control/Seeding Plan<br/> <input type="checkbox"/> Bury Depth/Typical Section<br/> <input type="checkbox"/> Staging Plan<br/> <input type="checkbox"/> Utility Route Plan<br/> <input type="checkbox"/> Easement Information<br/> <input type="checkbox"/> Guy Wire/Support Plan<br/> <input type="checkbox"/> Performance Bond </div> <div style="width: 45%;"> <input type="checkbox"/> Attachment/Assembly Plan (structures)<br/> <input type="checkbox"/> Cost Schedule for all work inside R-o-W<br/> <input type="checkbox"/> SPCC Plan (for R-o-W impacts only)<br/> <input type="checkbox"/> Material Safety Data Sheet<br/> <input type="checkbox"/> Break Away Devices (clear zone protection)<br/> <input type="checkbox"/> Standard Plates/Details<br/> <input type="checkbox"/> Material Specifications<br/> <input type="checkbox"/> Plans for Project No. _____<br/> <input type="checkbox"/> Other _____<br/> <input type="checkbox"/> Other _____ </div> </div> |                                                                  |                                 |
| <i>Minnehaha County staff is available to meet with the applicant to review which submittals are required.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                  |                                 |
| <b>APPLICANT AFFIDAVIT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                  |                                 |
| I, the undersigned applicant, in carrying out any and all of the work associated with this permit application and described herein and/or referred to in this application, agree to the terms and conditions as provided herein, and shall strictly conform to the regulations and/or requirements as set forth by Minnehaha County's Board of Commissioners. Furthermore, I agree to comply with all regulations of all other governmental agencies for the protection of the public. I certify that all work associated with this proposed action complies with all regulations, permits, and approvals by all other governmental entities. By signing below, I certify that the work associated with this permit shall be accomplished in a manner that will not be detrimental to Minnehaha County Highways, local drainage ways and water and other natural resources, affected landowners, and the traveling public. I understand that I, and/or my agents and assigns, am completely liable for any non-compliance and/or non-performance of duties as specified herein and will restore any disturbed areas within Minnehaha County Right-of-way to a neat and professional workman-like manner, or better, at no cost to and to the satisfaction of the County. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                  |                                 |
| Dated this _____ day of _____, 20____.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Name of Company _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                  |                                 |
| Signature _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | By _____ (print name) (title)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                  |                                 |
| <b>FEE SCHEDULE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                  |                                 |
| Private Service (no crossing)      \$ 40.00<br>Private Service, Crossing      \$ 80.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Hazardous Utility (occupancy)      \$ 250.00<br>Plus additional per crossing      \$ 1,500.00<br>Plus additional per long. Mile      \$ 1,800.00 <sup>1</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                  |                                 |
| Standard Utility (occupancy)      \$ 120.00<br>Plus additional per Crossing      \$ 250.00<br>Plus additional per long. Mile      \$ 250.00 <sup>1</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Open Cut Crossing      \$1,500.00 <sup>2</sup><br>Plus additional per day road closed      \$ 500.00<br>Open Cut, Partial Crossing (1 day closure)      \$ 500.00 <sup>2</sup><br>Plus additional per day road closed      \$ 500.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                  |                                 |
| Bridge Attachment:      varies <sup>3</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                  |                                 |
| <i>All fees will be waived for US Government, State, City, County, Township, or other governmental entities, except for Bridge Attachment</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                  |                                 |
| <sup>1</sup> Distance in miles will always be rounded up to the nearest mile<br><sup>2</sup> Roadway open-cuts are discouraged but may be the only practicable alternative. By special circumstance only will open cuts be allowed.<br><sup>3</sup> Fees for a structural review by a professional engineer will be assessed. Applicant may provide their own structural review signed by a structural P.E.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                  |                                 |

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## TERMS AND CONDITIONS

Installation and maintenance of said facilities on highway right-of-way is governed by Minnehaha County Ordinance MC #47-15 and subject to Minnehaha County's *Accommodation of Utilities on County Highway Right-of-Way* guidebook and the following terms and conditions.

1. The Utility Company must pre-register with the Highway Department prior to submitting a permit request.
2. The Applicant shall notify the Minnehaha County Highway Department 3 working days prior to commencement of work.
3. Within thirty (30) days upon the completion of the permitted work, the Applicant will return to the Permitting Authority the COMPLETION CERTIFICATE (page 4). Submitting this certificate does not guarantee final acceptance by the County.
4. Failure to provide the COMPLETION CERTIFICATE (page 4) to the Highway Department within thirty (30) days after the completion date designated by the Applicant on Page 1 constitutes a violation of MC #47-15, including the criteria and rules promulgated thereunder. Upon the Superintendent's written finding of violation, said violation may be enforced as follows: (a) Considered as cause for denial of a Permit; (b) Considered as cause for revocation of a Permit, (c) Reported to the State's Attorney's Office for prosecution as a Class 2 Misdemeanor, punishable under SDCL §§ 7-18A-2 and 22-6(2)(2) and subject to maximum penalties of a \$500 fine or 30 days in jail, or both, or, (d) All of the above.
5. The Applicant agrees to indemnify and hold harmless the Permitting Authority, its employees and its agents, from any cost, claim, suit, liability and/or award which might come, be brought, or be assessed, because of the issuance or exercise of this permit, or because of any adverse effect upon any person or property which is attributed to the partially or entirely completed works of the Applicant. Accomplishment of the permitted work, or any part thereof, by or on behalf of the Applicant shall bind such Applicant to abide by this permit and all its conditions and provisions.
6. The permitted facilities shall, if necessary, be altered at the expense of the Applicant to permit alteration, improvement, or maintenance of the highway as may hereafter be ordered. The entire cost of constructing and maintaining the permitted facilities shall be the obligation of the Applicant unless a contract for such costs has been executed.
7. No open cutting for utility crossings will be allowed without specific authorization by the Permitting Authority. At least one-way traffic must be maintained at all times throughout the utility installation, unless specific approval that states otherwise has been received from the Permitting Authority.
8. When one-way traffic or a detour is used, the Applicant shall provide ALL NECESSARY SIGNS, FLAGMEN AND LIGHTS required according to the "Manual on Uniform Traffic Control Devices."
9. All disturbed areas shall be returned to their present condition or better, subject to the satisfaction of the Permitting Authority. Access to all private drives and public street intersections shall be maintained, and all disturbed areas completely restored.
10. Fiberglass post indicators must be located at entrance and exit points along the Right-of-way line above utility. For drain-tile, County will provide posts to be installed by applicant. See guidebook for tracer-wire for all non-metallic pipe.
11. All utilities, including drain-tile, shall register with the one call notification system as an operator pursuant to chapter SDCL 49-7A-1. Go to <https://www.sdonecall.com/landowner/>.
12. Any trenching, tunneling, or excavating shall be performed in accordance with the requirements of OSHA and other South Dakota governmental departments having jurisdictional authority over such actions.
13. In cases of emergencies, the Applicant shall call 911 immediately. As soon as safely possible thereafter, the Applicant shall notify the Highway Department by calling 605-367-4316 or 605-360-2207 outside of normal business hours.
14. A copy of this completed permit, along with any plans and special provisions, shall be available on the job site.
15. The Applicant and all its agents and assigns shall wear an ANSI/ISEA 107-2004 Class II height visibility garment while working within the highway right-of-way as per the requirements of 23 CFR 634.
16. Applicant shall promptly remove said facilities from highway right-of-way, or shall relocate or adjust said facilities, at its sole cost and expense when requested to do so by Minnehaha County.
17. Minnehaha County specifically reserves the right to revoke, or change the terms and conditions of this Permit with or without cause and upon notice to the Applicant.
18. All work performed by the Applicant associated with this Permit, is warranted for one year starting upon the completion and acceptance date as shown on the COMPLETION CERTIFICATE (Page 4).
19. Additional requirements and special provisions which are made part of and attached to this Permit include, (*See Comments*)

### FOR MINNEHAHA COUNTY USE ONLY

The foregoing application is hereby approved and permit issued by the Minnehaha County Highway Department subject to full compliance by the Applicant with all provisions and conditions stated herein. ☐ Supplemental Information Attached ☐ Performance Bond Attached

|              |                 |                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Approved by: | Total Fees Due: | Date Payment Received:                                                                                                                                                                                                                                                                                                                                                                                            |
| Title:       | Date Issued:    | Permit# 25-U- <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> |

# MINNEHAHA COUNTY HIGHWAY DEPARTMENT

## UTILITY PERMIT COMPLETION CERTIFICATE

Applicant must submit this form within thirty (30) days after permitted work is finished. See Terms and Conditions Part 3 on Page 3, for violations.

Complete this form, print, and mail to:  
Minnehaha County Highway Dept. 2124  
East 60<sup>th</sup> Street North Sioux Falls, SD  
57103. OR email to  
[awohlwend@minnehahacounty.org](mailto:awohlwend@minnehahacounty.org)

**Instructions:** Completion Date from Page 1 \_\_\_\_ / \_\_\_\_ / \_\_\_\_; Submit this form no later than \_\_\_\_ / \_\_\_\_ / \_\_\_\_

By submitting this document, Applicant certifies that all conditions and special provisions attached to this permit have been completed in compliance with permit requirements and any and all specifications and special provisions attached to the original permit. With this submittal, County Personnel will conduct a final inspection.

Prior to demobilizing from the project location(s), the Applicant shall notify the Highway Department after construction is complete so that a final inspection may be performed by County Highway personnel. Special conditions required by the County may be applied to this permit and shall be complied with by the Applicant pending Final Approval. If any deficiencies are noted during the final inspection, the Applicant will be responsible to correct deficiencies within 30 days of notification. A copy of the final and approved permit will be sent to the Applicant of record and the original will be on file at the Minnehaha County Highway Department. In such cases of successful completion of utility installation, the County will return the Applicant's Performance Bond, or portions thereof, as appropriate.

|                                 |                                                                                           |             |                   |  |
|---------------------------------|-------------------------------------------------------------------------------------------|-------------|-------------------|--|
| Utility Company:                |                                                                                           |             | Date:             |  |
| Applicant Name: _____ (printed) |                                                                                           |             | _____ (signature) |  |
| Address:                        |                                                                                           |             |                   |  |
| Business Phone:                 |                                                                                           | Cell Phone: |                   |  |
| Email:                          |                                                                                           |             |                   |  |
| Site Foreman Name:              |                                                                                           | Cell Phone: |                   |  |
| Email:                          |                                                                                           |             |                   |  |
| Permit No.                      | 25-U- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |             |                   |  |

### TO BE COMPLETE BY MINNEHAHA COUNTY HIGHWAY DEPARTMENT

Field Review 1 Conducted by: \_\_\_\_\_ Date: \_\_\_\_\_

COMMENTS

\_\_\_\_\_ Additional comments attached (ie., Punch List or other)

Interim Review Conducted by: \_\_\_\_\_ Date: \_\_\_\_\_

COMMENTS

Final Inspection Conducted by: \_\_\_\_\_ Date: \_\_\_\_\_

COMMENTS

Post Indicator Present ☐ Yes ☐ No  
Tracer-wire Present ☐ Yes ☐ No ☐ N/A  
Registered w/SD One Call ☐ YES ☐ No

Project Acceptance Date \_\_\_\_\_ (1-year warranty period begins starting this day)

The work requested under the subject Permit No. has been completed to the satisfaction of Minnehaha County and all proper procedures, submittals, and restorations have been made, Signed \_\_\_\_\_