

City Permit Number _____

**Completion Certificate for Utility
Work in Right of Way
City of Ham Lake**

Applicant Name: _____

Contact Person: _____

Address: _____

Telephone: _____ Fax: _____

E-mail address: _____

Description of work: _____

Location(s): _____

Completion Date: _____ Contractor: _____

Applicant's Signature _____ Date _____

FOR CITY USE ONLY	
City Inspector: _____	Inspection date: _____
Problems resolved: _____	
Review Reference Number _____	

Mail Certificate To:
City of Ham Lake
15544 Central Avenue NE
Ham Lake MN 55304

OR

E-Mail Certificate to:
Permits@rfcengineering.com
CC: Sknouse@hamlakemn.gov