

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](mailto:Permits@rfcengineering.com)  
[CC: Sknouse@ci.ham-lake.mn.us](mailto:Sknouse@ci.ham-lake.mn.us)