

Right of Way Permit Application

Project and Contractor Information

Project Address: _____
 Subdivision: _____ Lot: _____ Block: _____
 Property Owner: _____
 Address: _____
 Phone: _____ Email: _____
 Franchise or Licensed Utility Company: _____
 Contractor Name: _____ DBA: _____
 Contractor Phone: _____ Email: _____
 Contractor Address: _____
 Onsite Supervisor Contact Name: _____
 Phone: _____ Email: _____
 Emergency Contact Name: _____
 Phone: _____ Email: _____

Scope of Work

Estimated Start Date: _____ Estimated Date of Completion: _____

Ground Surface Install Pole Bore Street Cut

Location (Street, Sidewalk, etc.): _____
 Length of Excavation: _____ Width of Excavation: _____
 Any Trench Deeper than 18 inches? Yes No
 Work/Equipment left overnight in the ROW? Yes No
 Will traffic be impacted by the work? Yes No
 If yes, please attach a detailed explanation for lane closures and barricades.

Authorization

I hereby certify by my signature below that the information provided is true and correct to the best of my knowledge. I further adhere to all laws and ordinances whether specified or not regarding the work to be performed under this permit. ROW work is allowed Monday – Thursday and **NO WORK MAY BEGIN UNTIL A MEETING HAS BEEN ATTENDED WITH THE PUBLIC WORKS DIRECTOR.** Allow 10-14 business day for plan review. **Final inspection is required.**

 Owner/Agent Signature Date

Department	Signature	Date
Utilities Department Approval		
Engineer Approval		