

# PUBLIC RIGHT-of-WAY PERMIT APPLICATION

Date Received: _____	Permit Number: _____
<b>PROVIDER CLASSIFICATION</b>	
<input type="checkbox"/> Bore <input type="checkbox"/> Excavation <input type="checkbox"/> Underground Utilities	
Franchised or Licensed Company: _____	
or Certified Telecommunications Provider: _____	
Contact Person: _____ Phone #: _____	

<b>APPLICANT'S NAME: (OR AGENT OR CONTRACTOR OF PROVIDER)</b>	
Company Name: _____	
Applicants Name: _____	
Contact Person: _____	
Email Address: _____	
Phone #: _____ 24-hr Emergency#: _____	
Address: _____	
City: _____	State: _____ Zip: _____

<b>PROJECT LOCATION</b>	
Street and block location: _____	
General description of work:(include linear feet in the Right of Way, if applicable): _____	
Will the scope of work involve removing and/or excavating?(If yes,please check the applicable box)	
<input type="checkbox"/> Pavement	<input type="checkbox"/> Curb & Gutter <input type="checkbox"/> Sidewalk
If yes, give detailed location: _____	
Will the scope of work require blocking the Right of Way? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, Provide a Traffic Control Plan - Approval must be obtained prior to lane closure.	
Anticipated work duration:                      Start Date: _____ Finish Date: _____	
* Two (2) Copies of construction plans and Two (2) maps (at least 11x14) to be submitted with application	
* Surrounding underground services have been located	
* Proof of insurance is attached or on file	
* Contractor shall contact the City at least <b>48</b> hours in advance of the project	
* This permit will become null and void if construction has not begun within <b>30</b> days. Above ground route/ location markers are not permitted, except as required by law	

Applicant shall indemnify and forever hold the City harmless against each and every claim, demand or cause of action that may be made or come against it by reason of or in anyway arising out of the closing, blocking, excavating, cutting, tunneling, or other work by the applicant under permit from the City if such permit is granted, unless otherwise provided by law

Signature: _____	Date: _____
<i>Authorized Agent of Provider</i>	
Signature: _____	Date: _____
<i>City Approval</i>	