

Metro Area Right Of Way Application for Work

City: _____

Date of Application: _____

APPLICANT INFORMATION

Applicant Name:

Applicant Phone:

Applicant FAX:

Applicant Address:

Applicant Email:

FACILITY OWNER INFORMATION ☐ Check if same as applicant

Facility Owner Name:

Facility Owner Phone:

Facility Owner Address:

Facility Owner Email:

CONTRACTOR INFORMATION

Contractor (Person performing the work):

License Number:

Contractor Address:

Contractor Phone:

Contractor Email:

Person in Charge of Job (name):

24 hr Phone #:

Does the contractor have a bond on file with the city? ☐ Yes ☐ No If no please attach copy

PROJECT INFORMATION

WORK ORDER # _____

Construction Type: ☐ Sewer ☐ Pavement ☐ Gas ☐ Water ☐ Telecommunications ☐ Electric

☐ Trees ☐ Sidewalks ☐ Driveway Approach ☐ Other _____

Description of work to be performed (include details of all streets; where mobilization of contractor equipment will be located; access to driveways and sidewalks):

Start Date: _____

Approximate Completion Date: _____

REQUIRED ATTACHMENTS

- ☐ Bond (if not on file with city)
- ☐ Construction Documents i.e. drawings, traffic control, GIS Plans, etc Please
- ☐ check the city code for comprehensive list of required attachments
- ☐ Payment - \$100

INDEMNIFICATION: Please read the following city code for indemnification requirements- Chapter 135 & 141

☐ I have read, agreed and completed the indemnification requirements.

24 HR Notification required before starting work-please call permitting jurisdiction-see <http://www.capitalcrossroadsvision.com/row/>

Contractor Signature:

Date:

Facility Owner Signature:

Date:

CITY USE ONLY:

Date submitted: _____

Permit # (if applicable) _____

Approval Granted By: _____

Remarks:

Received By: _____

Form of Payment ☐ Cash ☐ Check ☐ CC

Permit Valid Until _____

