

ROAD RIGHT OF WAY (ROW) & STREET CUT PERMIT APPLICATION

Municipal Code, Chapter 604

Applicant Information

Name _____
Last
First
Middle

Street Address _____

City _____ State _____ Zip Code _____

Mailing Address (check box if same as above) _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Contractor Information

Business Name _____

DBA Name (if applicable) _____

Principal Contact _____

Phone _____ Email _____

Project Information

Address _____

Reason for Street Opening or Work Within the Right-of-Way _____

Expected Project Dates Start Date: _____ Restoration Date: _____

Current Surface of Street ROW Disturbance Asphalt Concrete Sod

Estimated Size of Cut Width _____ Length _____ Have project plans been submitted? Yes No

Is street closure needed? Yes No Partial *DPW permission must be secured prior to street closure.*

Application Requirements per Municipal Ordinance Chapter 604 Regulating Excavations or Openings in an Street, Highway, Bridge, Alley, or Other Public Way

- Project plans showing the types of installation, depth, and approximate location relative to property lines, ROW boundaries, and other potentially affected infrastructure must be submitted with this application.
- Proof of general liability insurance at \$1 million per occurrence and \$2 million in aggregate. Additional levels of insurance may be required depending upon the scope of the project. The City reserves the right to be listed as an Additionally Insured.
- The City reserves the right to require a Letter of Credit or a Performance Bond to ensure full restoration of disturbed surfaces.
- \$20 fee per area, run, pedestal, handhole, and opening.

Applicant's Signature: _____ **Date:** _____

Internal Use Only

- Completed Application Received
- Project Plan Received
- Proof of Liability Insurance
- Bond or Letter of Credit
- Permit Fee: Number of Areas or Openings _____ X \$20 = Amount Due \$ _____

Comments _____

Received By _____ Date Received _____

Permit Determination **DENIED** **APPROVED**

Comments _____

Director of Public Works _____ Date _____

Applicant Notification Emailed Mailed Called Date _____

Courtesy Email ADPW Police Dept Fire Dept EMS