Right of Way Permit Application

For Activity in the Right of Way

Internal use only
Permit #:
Road Maintenance #:

TYPE OF WORK

☐ Sidewalk ☐ Minor Paving ☐ Race ☐ Other_____

JOB SITE INFORMATION AND LOCATION

Job site address:

City/State/ZIP:

Legal description: T_____ R_____ SECTION_____ TAX LOT(S)_____

Dates of work: Begin_____ End_____

DESCRIPTION OF WORK

OWNER ☐ APPLICANT ☐ PRIMARY CONTACT		
Business name:		
Name:	Phone:	Cell:
Address:	City/State/ZIP:	
Email address:	Fax:	
APPLICANT ☐ APPLICANT ☐ PRIMARY CONTACT		
Business name:		
Name:	Phone:	Cell:
Address:	City/State/ZIP:	
Email address:	Fax:	
CONTRACTOR ☐ APPLICANT ☐ PRIMARY CONTACT		
Business name:	CCB lic.:	
Name:	Phone:	Cell:
Address:	City/State/ZIP:	
Email address:	Fax:	
OTHER PERSONS (IF ANY) TO BE NOTIFIED REGARDING THIS APPLICATION:		
Name:	Relationship:	
Address:	City/State/ZIP:	
Email address:	Phone:	Cell:
Name:	Relationship:	
Address:	City/State/ZIP:	
Email address:	Phone	Cell:

Authorized Signature:

Print name: **Date:**

Permit Fee: $95