

# 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 - \$60

**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: \_\_\_\_\_

Received By: \_\_\_\_\_

Form of Payment  Cash  Check  CC

Permit Valid Until \_\_\_\_\_

Remarks:

**CITY OF MARTENSDALE**

