

Date: _____

Permit #2011 _____

WORK IN THE RIGHT OF WAY PERMIT APPLICATION

INSTRUCTIONS: Print all information in ink. Applicants must complete this form in its ENTIRETY unless special instructions indicate otherwise. Blanks will delay processing of your application and issuance of a permit. Place an X or √ in the box corresponding to your response. Open lines should be filled in with the requested words or numbers. If you have problems with a particular question, call City Hall at 663-3344 and ask for Planning and Zoning.

LOCATION OF CONSTRUCTION:

ADDRESS: _____

OWNER OF PROPERTY:

Name: _____

Address: _____

Telephone Number: _____

INDICATE TYPE OF WORK :

Open Cut _____ Bore Under _____ Parallel With R/W _____ Distance from edge of Pavement: _____

Date Work Will Start: _____

Sq. Ft. of Opening: _____

Anticipated Completion Date: _____

CONTRACTOR RESPONSIBLE FOR THE PERMIT:

Name: _____

Address: _____

Telephone Number: _____

NATURE OF THE WORK:

Bond on File with Clerk Treasurer? Yes No Bond #: _____

CONTRACTOR OR UTILITY MUST HAVE A TRAFFIC CONTROL PLAN AND WILL BE RESPONSIBLE FOR ALL BARRICADES, LIGHTING AND CALLING THE POLICE DEPARTMENT AND SCHOOL CORPORAION FOR ANY ROAD CLOSURES. ALL SIGNAGE MUST COMPLY WITH THE LATEST EDITION OF THE INDIANA MANUAL OF UNIFORM TRAFFIC CONTROL DEVICES. THE CONTRACTOR OR UTILITY SHALL BE RESPONSIBLE FOR ALL MAINTENANCE OF STREET CUTS FOR 1 YEAR. I HEREBY AGREE AND UNDERTAKE TO PAY AND ASSUME ALL LIABILITY FOR ANY AND ALL DAMAGES TO PERSONS OR PROPERTY RESULTING FROM OR ARISING OUT OF OR CONNECTED WITH SAID WORK IN ANY MANNER WHATSOEVER AND TO FULLY INDEMNIFY AND SAVE HARMLESS SAID CITY, ITS OFFICERS, AGENTS, AND REPRESENTATIVES FROM ANY PAYMENT OF ANY SUCH DAMAGES OR JUDGEMENTS FOR SAME.

I hereby certify that the information provided on this form is complete and accurate: _____

Signature of Applicant

FOR OFFICE USE ONLY:

Fee: \$ 35.00

Traffic Site Plan Included: _____

Application Approved: _____

Application Denied: _____