

**CITY OF ROYSE CITY ROW PERMIT APPLICATION**

100 W MAIN ST ROYSE CITY, TX 75189 / 972-524-4843 / publicworks@roysecity.com

**TO BE COMPLETED BY CONTRACTOR**

Utility Co/Developer: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Contractor: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Proposed Use**

- Natural Gas
- Electric
- Cable/Fiber
- Phone
- Other: \_\_\_\_\_

**AREA MUST BE DELINEATED IN WHITE PAINT PRIOR TO LOCATES**

**Address/Location:** \_\_\_\_\_  
Description of Work: \_\_\_\_\_  
\_\_\_\_\_

Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Installation Methods:     Open Trench     Boring     Other: \_\_\_\_\_

Installation Materials:     Fiber Optic     Cable     Copper/Plastic Gas Line  
 Other Materials: \_\_\_\_\_

Installation Location/Size:    Width/Diameter \_\_\_\_\_ Length \_\_\_\_\_ Depth \_\_\_\_\_

Installation Purpose:     New     Replacement     Repair     Disconnect

How long will hole be left open? \_\_\_\_\_

When will excess dirt be removed? \_\_\_\_\_

Will branches be removed? \_\_\_\_\_

**Permit Issuance**

Contractor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Locator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HOURS OF OPERATION FOR CONTRACTORS:**

**MONDAY-FRIDAY 7AM-6PM NO WORK AUTHORIZED ON WEEKENDS OR HOLIDAYS**

**For Office Use Only:**

Emailed to Contractor By: \_\_\_\_\_

Date: \_\_\_\_\_