

CITY OF ROYSE --R.O.W. PERMIT

DATE: _____

NAME OF COMPANY APPLYING FOR PERMIT: _____

NAME OF COMPANY/UTILITY PERFORMING WORK FOR: _____

NATURE OF BUSINESS: _____

ADDRESS/LOCATION OF WORK: _____

CONTACT INFO:

Name and Title Office Personal: _____

Office Number: _____

Office Email: _____ Fax: _____

SUB-CONTRACTOR INFO:

Name of Contractor Company: _____

Contact Name: _____ Phone number: _____

Contact Name: _____ Phone number: _____

Proof of Insurance Certificate: _____ (must provide)

City Map Marked: _____

Intent of construction: _____

Will Street be out (Lighted Barricades)? _____ How long will street be allowed to remain blocked? _____

Company Identification Sign: _____

Will R.O.W. be excavated? _____

How long will hole be left open? _____

When will excess dirt be removed? _____

Will a structure or pole be installed? _____

Will trees be cut? _____

Branches must be removed. _____

Can structure be located to a different area? _____

Number of Days to complete project: _____

Weather days allowed? _____

Pre-construction Inspection: _____

***** HOURS OF OPERATION FOR CONTRACTORS ARE MONDAY-FRIDAY FROM 7:00AM-6:00PM; NO WORK AUTHORIZED ON THE WEEKENDS*****

SIGNATURE FOR COMPANY REP: _____

SIGNATURE CITY REP: _____

DATE: _____

DATE: _____