



| OFFICE USE ONLY |  |
|-----------------|--|
| Date Received:  |  |
| Permit Number:  |  |

APPLICATION FOR RIGHT-OF-WAY WORK PERMIT

**COMPANY INFORMATION**

**CONTRACTOR**

Company Name \_\_\_\_\_  
 Authorized Representative's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**SUBCONTRACTOR PERFORMING THE WORK**

Company Name: \_\_\_\_\_  
 Authorized Contact Person: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**ROW PROJECT DETAILS – ALL FIELDS ARE REQUIRED**

Description and Location of Work: (Include street names, termination points, quantity of line and poles)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ WILL ANY  
 PAVEMENT BE REMOVED (THIS INCLUDES UTILITY LOCATES)?      YES      NO  
 WILL ANY EXCAVATION BE REQUIRED (THIS INCLUDES UTILITY LOCATES)?      YES      NO  
 WILL TRAFFIC LANE OR SIDEWALK CLOSURE BE REQUIRED?      YES      NO

(IF TRAFFIC LANE OR SIDEWALK CLOSURE IS REQUIRED, A DETAILED TRAFFIC CONTROL PLAN MUST BE SUBMITTED WITH THE PERMIT APPLICATION.)

ANTICIPATED START DATE: \_\_\_\_\_ ANTICIPATED COMPLETION DATE: \_\_\_\_\_

PLEASE CALL  OR 800-344-8377      TICKET NUMBER: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Contractor (or Authorized Representative)      DATE

\_\_\_\_\_  
 Signature of Subcontractor (or Authorized Representative)      DATE