



FOR ADDISON USE ONLY

Permit Number: _____

Location: _____

Revised 2/20/14

APPLICATION

Right of Way Work Permit -FRANCHISE

(For Franchise Utility/CTP - Street Cut/Excavation/Lane Closure)

This permit application is required for all construction, expansion, maintenance, and repair of facilities placed in, under, or over the public right-of-way. General contractors working for franchised utility companies or Certified Telecommunication Providers should be preregistered with the Town of Addison.

Provisions

- Valid insurance information must be on file and copies should be provided with the application below.
- Detailed work plans must be provided that accurately reflect the full scope of work, and be approved by the Infrastructure Operation and Services Department. Provide 3 copies of the plans. **Plans submitted must be 11X17.**
- Facility locates must be requested and verified by the IOS Department in advance of submitting a permit application.
- A list of all subcontractors working on the site must be provided along with the permit application. The company names, site supervisors, and 24-hour telephone numbers must be included. Please see the included page.
- Work shall commence within ten (10) working days from Issue Date.**
- If the proposed work will interrupt street traffic, a site specific traffic control plan conforming to the Texas Manual on Uniform Traffic Control Devices must be provided as required for all lane closures and excavations.
- Sufficient plating for vehicular traffic shall be on-site PRIOR TO any pavement cuts.
- Permit holder is required to restore construction zone and any adjacent property damages to pre-construction condition or better, at the direction and discretion of the Infrastructure Operations and Services director.
- Permitted party shall comply with all articles of Chapter 70 of the Addison Code of Ordinances, and Standard Construction Details. You may find them on our website www.addisontx.gov
- Please take special note of Sec. 70-113 regarding interference with traffic flow.
- If there will be street excavations and lane closures, the Police and Fire Departments must be notified 24 hours in advance by calling Dispatch at (972) 450 – 7156.
- A notice of start work must be issued 48 hours in advance to the Infrastructure Operations and Services Department and to any affected property owners.

TOWN OF ADDISON INFRASTRUCTURE OPERATIONS AND SERVICES DEPARTMENT
ATTN.: RIGHT OF WAY PERMIT - DAVE WILDE 972-450-2847
16801 WESTGROVE RD. ADDISON, TX 75001-9010
PHONE: 972-450-2871 FAX: 972-450-2837



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PLEASE PRINT LEGIBLY

Date of application: _____

Facility Owner Company: _____ Company Phone #: _____

Utility/CTP Representative: _____ Cell Phone #: _____

General Contractor: _____ Company Phone #: _____

Site Supervisor Name: _____ 24 hour phone #: _____

Work Site Address and Location: _____

Purpose and general description of work: _____

Proposed Start Work Date: _____ Estimated Completion Date: _____

Pavement Cut? Yes No Directional Bore/Boring? Yes No

Excavation? Yes No Lane Closure? Yes No Other: _____? Yes No

_____	_____	_____
Applicant's Printed Name	Signature	Position with Company

Applicant's Email: _____ Applicant's Phone Number: _____

_____	_____	_____
Direct Supervisor's Printed Name	Phone Number	Company Name

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Received By: _____ Entered? Yes Received Date: _____

Approved By: _____ Inspector: _____ Issue Date: _____

Plans Submitted? Yes No N/A Traffic Control Plan Submitted? Yes No N/A

Insurance Provided? Yes No On File Performance/Maintenance Bond? Yes No On File N/A

Fee Paid: _____ Receipt#: _____ Date: _____ Processed By: _____

Picked Up By: _____ Company: _____ Date & Time: _____

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Sub-Contractor List

PLEASE PRINT LEGIBLY

General Contractor's Name: _____ **General Contractor's Phone #:** _____

Sub-Contractor #1 Company Name: _____ Address: _____

Print Sub-Contractor's Name: _____ Sub-Contractor Phone #: _____

Print Sub-Contractor's Name: _____ Sub-Contractor Phone #: _____

Insurance Provided? Yes No On File

Sub-Contractor #1 Company Name: _____ Address: _____

Print Sub-Contractor's Name: _____ Sub-Contractor Phone #: _____

Print Sub-Contractor's Name: _____ Sub-Contractor Phone #: _____

Insurance Provided? Yes No On File

Sub-Contractor #1 Company Name: _____ Address: _____

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