



<b>FOR ADDISON USE ONLY</b>
Permit Number: _____
Location: _____
Revised 2/20/14

**APPLICATION**  
**Right of Way Work Permit-GENERAL**

(General Non-Franchise, Private Development, Work for the Town and Miscellaneous Work)

This permit application is required for all construction, expansion, maintenance, and repair of facilities placed in, under, or over the public right-of-way.

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, Water and Wastewater System Requirements, and Standard Construction Details. You may find them on our website [www.addisontx.gov](http://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: \_\_\_\_\_

Property Owner/Developer Name: \_\_\_\_\_ Company Phone #: \_\_\_\_\_

Property Owner Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

General Contractor Name: \_\_\_\_\_ 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      Phone Number      Signature      Position with Company

\_\_\_\_\_  
Applicant's Email      Company Name & Phone Number

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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

<input type="checkbox"/> WA	<input type="checkbox"/> SW	.....Number Of Connections	_____	Size	_____	@\$	_____	each = \$	_____
<input type="checkbox"/> WA	<input type="checkbox"/> SW	.....Number Of Connections	_____	Size	_____	@\$	_____	each = \$	_____
<input type="checkbox"/> WA	<input type="checkbox"/> SW	.....Number Of Connections	_____	Size	_____	@\$	_____	each = \$	_____
<input type="checkbox"/> WA	<input type="checkbox"/> SW	.....Number Of Connections	_____	Size	_____	@\$	_____	each = \$	_____
<input type="checkbox"/> Other (Description) _____									= \$ _____
									Total \$ _____

Fee Paid: \_\_\_\_\_ Receipt#: \_\_\_\_\_ Date: \_\_\_\_\_ Processed By: \_\_\_\_\_

Picked Up By: \_\_\_\_\_ Company: \_\_\_\_\_ Date & Time: \_\_\_\_\_

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**Sub-Contractor List**

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**General Contractor's Name:** \_\_\_\_\_ **General Contractor's Phone #:** \_\_\_\_\_

Sub-Contractor #1 Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Print Sub-Contractor's Name: \_\_\_\_\_ Sub-Contractor Phone #: \_\_\_\_\_

Print Site Supervisor's Name: \_\_\_\_\_ 24 Hour Telephone #: \_\_\_\_\_

Insurance Provided? Yes No On File

Sub-Contractor #2 Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Print Sub-Contractor's Name: \_\_\_\_\_ Sub-Contractor Phone #: \_\_\_\_\_

Print Site Supervisor's Name: \_\_\_\_\_ 24 Hour Telephone #: \_\_\_\_\_

Insurance Provided? Yes No On File

Sub-Contractor #3 Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Print Sub-Contractor's Name: \_\_\_\_\_ Sub-Contractor Phone #: \_\_\_\_\_

Print Site Supervisor's Name: \_\_\_\_\_ 24 Hour Telephone #: \_\_\_\_\_

Insurance Provided? Yes No On File

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