



FOR ADDISON USE ONLY

Permit Number: _____

Location: _____

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 current insurance information must be on file, or copies shall be provided with the application.
- Detailed work plans must be provided that accurately reflect the full scope of work, and be approved by the Infrastructure and Development Services (IDS) Department. **Provide 3 copies of the plans. Engineered plans must be submitted on 11X17. Service drops and minor repairs, etc. may be other.**
- Facility locates must be requested and verified by the IDS 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, 24-hour telephone numbers, and email addresses must be included. Please see page three.

THE PERMIT WILL EXPIRE IF WORK HAS NOT COMMENCED WITHIN TEN (10) WORKING DAYS FROM THE ISSUE DATE. A NEW PERMIT WILL BE REQUIRED TO START WORK AFTER THAT TIME.

- 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 IDS Director. **Call for inspection at the completion of work.**
- 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
- 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 IDS Department and to any affected property owners.

TOWN OF ADDISON INFRASTRUCTURE AND DEVELOPMENT 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 #: _____

Utility/CTP Representative E-Mail: _____

General Contractor: _____ Company Phone #: _____

Site Supervisor Name: _____ 24-hour phone #: _____

Contractor E-Mail address: _____ Site Foreman E-Mail: _____

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

Supervisor's E-Mail: _____

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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 Expiration Date: _____

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's Phone #:** _____

Sub-Contractor's E-Mail: _____

Print Site Supervisor's Name: _____ Supervisor's Phone #: _____

Site Supervisor's E-Mail: _____

Insurance Provided? Yes No On File

Sub-Contractor #2 Company Name: _____ Address: _____

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

Sub-Contractor's E-Mail: _____

Print Supervisor's Name: _____ Supervisor's Phone #: _____

Site Supervisor's E-Mail: _____

Insurance Provided? Yes No On File

Sub-Contractor #3 Company Name: _____ Address: _____

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

Sub-Contractor's E-Mail: _____

Print Supervisor's Name: _____ Supervisor's Phone #: _____

Site Supervisor's E-Mail: _____

Insurance Provided? Yes No On File

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