



FOR ADDISON USE ONLY

Permit Number: _____

Location: _____

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 or copies will 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. Scaled plans 34" x 22" are preferred. Plans must be legible for comments and mark-ups.**
- 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 E-Mail addresses must be included. Please see page 3.
- 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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APPLICATION
Right of Way Work Permit-GENERAL

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

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? _____

_____	_____	_____
Applicant's Printed Name	Signature	Position with Company
_____	_____	
Applicant's Email	Company Name & Phone Number	

FOR ADDISON USE ONLY

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

<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) _____										= \$ _____
PERMIT FEE TOTAL										\$ _____

Receipt#: _____ Date: _____ Processed By: _____

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

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APPLICATION
Right of Way Work Permit -GENERAL
 (For Franchise Utility/CTP - Street Cut/Excavation/Lane Closure)

Sub-Contractor List

PLEASE PRINT LEGIBLY

General Contractor's Name: _____ **General Contractor's Phone #:** _____
General Contractor's E-Mail: _____

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