



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. This permit must have all registered contractors and sub-contractors listed. No permit shall be transferable.

Conditions

1. 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:

<https://addisontexas.net/publicworks-engineering/engineering-and-construction-inspections>
2. Valid insurance certificate and Surety bond must be provided with the application.
3. Detailed work plans must be provided that accurately reflect the full scope of work, to be approved by the Public Works and Engineering Services (PWES) Department. Plans must be submitted digitally in PDF format. Plans must be legible for comments and mark-ups. Hard copies of plans may be required upon request.
4. Contractor listed on permits are responsible for all sub-contractors.
5. Allow ten (10) working days for permit review after all information is received. Failure to provide all information may result in the delay of permit approval.
6. 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 three (3).
7. The permit shall expire if work has not commenced within fifteen (15) working days from the issue date. A new permit may be required to start work after that time.
8. The permit will expire within 90 days of no construction activity or the estimated completion date listed below.
9. 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. On principal arterial streets, the traffic control plan must be performed and sealed by a traffic control engineer licensed in Texas.
10. 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.
11. Contractor shall erect a temporary security fence around all excavations at the end of each workday. Sufficient plating for vehicular traffic shall be on-site prior to any pavement cuts.
12. Contractor shall not trespass upon private property.
13. Permit holder is required to restore construction zone/work site and any adjacent property damages to pre-construction condition or better (i.e., landscaping, lawn, irrigation, erosion control, manholes, inlets, and other

TOWN OF PUBLIC WORKS AND ENGINEERING SERVICES DEPARTMENT

ATTN.: RIGHT OF WAY PERMIT – publicworks@addisontx.gov

16801 WESTGROVE RD. ADDISON, TX 75001-9010

PHONE: 972-450-2871 FAX: 972-450-2837

Revised February 2021



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structures if disturbed, damaged, or removed). Restoration work must be performed within 30 days of commencement of work, to the satisfaction of the Town. A pre-construction video/pictures of the site is recommended.

14. Upon completion of construction, an appointment must be scheduled with the construction inspector for final inspection. Additional permits will be withheld pending final inspection of previous permits.
15. All excavation within the Town ROW requires mechanical compaction of at least 95 % proctor density. Compaction test reports must be turned into the PWES Department.
16. Contractor shall keep street free of dirt, silt and other debris and sweep street at the end of working day.
17. A notice of start work must be issued 48 hours in advance to the PWES Department and to any affected property owners.
18. Contractor shall furnish, install, and maintain erosion control devices, along with any submittals, throughout the project. Contractor shall comply with Town of Addison Stormwater Pollution Prevention specifications and with NCTCOG's stormwater management practices for construction activities.
19. Contractors shall be responsible for the protection, replacement, or relocation of trees and existing ground cover disturbed. If any trees shall be cut or trimmed, a tree permit is required and shall be obtained from the Town's Parks and Recreation Department at (972) 672-1817 prior to ROW permit acceptance.
20. To minimize damage to trees and /or landscaping, all bore pits, manholes, or handholes must be a minimum of three (3) feet from the drip line of all trees. The drip line is an imaginary line that extends from the tree's outer branches and leaves, directly to the ground. All lines bored within ten (10) feet or less from a tree trunk must be a minimum of five (5) feet below the root system of the tree. For further guidance, contact the Parks and Recreation Department at (972) 672-1817.
21. Should work need to be performed near any tree, temporary construction fence shall be erected 2 feet outside the drip line of the tree.
22. Permittee shall be responsible for any damage to public or private landscaping and sprinkler systems.
23. Trees and shrubs damaged greater than 50% based on formulas set by the Society of Arboriculture shall be mitigated and offset with newly planted trees /shrubs.
24. Failure to comply with all conditions above will result in a stop work order or suspension of construction for a period of 24 hours or until the necessary corrections are made. Continued noncompliance will result in the suspension of all future permits. A new permit must be submitted /reissued before work can continue.

Initial: _____ I hereby acknowledge and agree to the conditions of the permit.

General Contractor's Name: _____ **Date:** _____

Signature: _____



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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 #: _____ 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 #: _____

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 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 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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