

CITY OF CALDWELL

RIGHT-OF-WAY PERMIT APPLICATION

PLEASE ALLOW A MINIMUM OF 48 HOURS FOR APPLICATION PROCESS.

PERMIT MUST BE SUBMITTED WITH AN APPROVED MUTCD TRAFFIC CONTROL PLAN. ROAD CLOSURES REQUIRE SEVEN DAYS NOTICE AND INFORMATION SIGNS NEED BE TO UP FOR SEVEN DAYS BEFORE THE REQUESTED CLOSURE DATE.

***ALL ITEMS WITH ASTERISKS MUST BE FILLED OUT TO PROCESS PERMITS.**

*DATE OF APPLICATION: _____ *PUBLIC WORKS LICENSE #: _____

*COMPANY NAME: _____ *BUSINESS #: _____

*COMPANY ADDRESS: _____

*EMERGENCY #: _____ *CELL #: _____ *FAX #: _____

*PROJECT FOREMAN: _____

PROJECT INFORMATION:

All right-of-way permits are limited to 5 working days unless otherwise approved.

*START DATE: _____ *COMPLETION DATE: _____

*LOCATION OF WORK: _____

*NEAREST CROSS STREETS: _____ BLOCK #: _____ LOT #: _____

TYPE OF WORK

*DESCRIPTION OF WORK: _____

*ROAD CLOSURE: (Y/N) _____ (In cases of road closure call the below listed entities and check off after notification.)

Canyon County Dispatch: 454-7531 Caldwell Transportation: 459-6612 Brown Bus Co: 455-2532

***DECLARATION:**

I certify by my signature that I understand and will comply with the requirements of Caldwell City Code provisions, Idaho Code provisions, including but not limited to public works licensing and excavation, the Idaho Standards for Public Works Construction (ISPWC) and the conditions attached to this permit. I also warrant and guarantee that I have the authority to obligate the company seeking this permit and the project owner to the extent required to fully comply with the terms of this permit. I acknowledge that, while the City and other public agencies may assist me with review of this project, compliance with applicable laws, rules, regulations and standards is ultimately my responsibility.

*CONTRACTOR'S SIGNATURE: _____ DATE: _____

CITY OF CALDWELL APPROVAL: _____ DATE: _____