



CITY OF BINGEN RIGHT-OF-WAY PERMIT APPLICATION

Type of Application

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Utility Installation | <input type="checkbox"/> Frontage Improvements | <input type="checkbox"/> Use of right-of-way | <input type="checkbox"/> Oversize/Weight |
| <input type="checkbox"/> Utility Connection | <input type="checkbox"/> Drainage Improvements | <input type="checkbox"/> Special Event | <input type="checkbox"/> Emergency |
| <input type="checkbox"/> Utility Maintenance | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Street Closure | <input type="checkbox"/> Other _____ |

A. ADDRESS (ROW ACTIVITY): _____

CONTRACTOR: _____

AGENT/APPLICANT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

LIC# _____ LIC# _____

BUSINESS

INDIVIDUAL

EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE# _____

B. PROJECT DESCRIPTION:

EMERGENCY: ___ YES ___ NO CERTIFIED UTIL: ___ YES ___ NO

C. AREAS TO BE AFFECTED/USED BY WORK:

AREA 1: TOTAL CLOSURE () OR PARTIAL CLOSURE ()

TRAFFIC LN () PARKING LN () SIDEWALK () SHOULDER ()

STREET NAME: _____ # OF DAYS _____

START DATE: _____ END DATE: _____

AREA DESCRIPTION: _____

AREA 2: TOTAL CLOSURE () OR PARTIAL CLOSURE ()

TRAFFIC LN () PARKING LN () SIDEWALK () SHOULDER ()

STREET NAME: _____ # OF DAYS _____

START DATE: _____ END DATE: _____

AREA DESCRIPTION: _____

IF TOTAL ROAD CLOSURE – YOU MUST PROVIDE DETOUR INFORMATION (A MAP OF DETOUR & WRITTEN DETOUR)

OF FEET/BLOCKS RESERVED: _____

ADDRESS/STREET NAME: _____

IT IS THE RESPONSIBILITY OF THE APPLICANT TO PROVIDE THE REQUIRED INFORMATION;

STANDARD WORK HOURS ARE:

9 AM TO 3 PM FOR REGIONAL CENTER

8:15 AM TO 4 PM FOR THOROUGHFARE

7 AM TO 6 PM FOR NON-THOROUGHFARE

ANY WORK OUTSIDE OF THESE HOURS IS A "SPECIAL HOURS" REQUEST AND SHOULD BE NOTED IN THE SPECIAL HOURS AREA. ALL SPECIAL HOUR REQUESTS WILL BE REVIEWED PRIOR TO BEING ISSUED.

SPECIAL HOURS: _____

C. CITY PROJECT #: _____

CITY PROJECT NAME: _____

CITY PROJ. MGR.: _____

E. TRAFFIC CONTROL:

___ 1) LIGHTED BARRELS ___ 2) ILEA OFFICER

___ 3) CONES ___ 4) ARROWBOARD

___ 5) CONTROLLERS ___ 6) TYPE 5 BARRICADE

F. EXCAVATIONS:

___ # OF PAVEMENT EXCAVATIONS

___ # OF NON-PAVEMENT EXCAVATIONS

G. INDEMNIFICATION AGREEMENT:**ALL PERMIT APPLICATIONS MUST BE SIGNED AND DATED:**

The petitioner/applicant hereby agrees to hold harmless and to indemnify the Department of Public Works and the City of Bingen from or against all claims, action, damages and expenses, including but not limited to reasonably attorney's fees or any alleged injury and/or death to any person or damage to any property arising, or alleged to have risen out of any act of commission or omission on the part of the petitioner/applicant, his/her heirs, successors, or assigns regardless of whether such acts are the direct result or indirect result of the public right-if-way use pursuant to this permit grant.

I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT THE FOREGOING REPRESENTATIONS ARE TRUE.

PRINT NAME: _____

SIGNATURE: _____

H. NOTARY USE ONLY: FOR ANY APPLICANT NOT A GENERAL CONTRACTOR.

SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE,

THIS ___ DAY OF _____, YEAR _____

STATE OF: _____ COUNTY OF: _____

NOTARY PUBLIC: _____

SIGNATURE: _____

MY COMMISSION EXPIRES: _____

See Attachment(s) for Special Conditions

PERMIT # ROW _____ () Approved () Denied

Connect to Other Permits _____ Permit Type: A ___ B ___ C ___ D ___