



RIGHT OF WAY PERMIT

Reference: City of Edgewood Code of Ordinances, Section 50-181

FEE: \$250.00

Please note this fee is nonrefundable.

Office Use Only:			
Received Date:		Received By:	
Forwarded to:		Notes:	

THIS FORM IS FOR THE CITY OF EDGEWOOD USE ONLY									
APPLICANT/ADDRESS:				CONTACT PERSON:					
				Email:					
PRIOR TO START OF CONSTRUCTION A 72 HOUR NOTICE IS REQUIRED CALL 407-851-2920				BUSINESS PHONE:			AFTER HOUR PHONE:		
STREET LOCATIONS									
PROPOSED WORK SITE:									
PURPOSE OF WORK :		UTILITY:		ROAD:		OTHER:			
EXCAVATION INFORMATION:		MAINTENANCE OF TRAFFIC PLANNED ATTACHED:			NO:	YES:		PARKING METER RECEIPT NO:	
CLOSURE									
WIDTH:	LENGTH:	DEPTH:	DISTANCE FROM CURB/PAVEMENT EDGE:			STREET:	SIDEWALK:	PARKWAY:	
AERIAL INFORMATION:		FULL:			PARTIAL:			YES:	NO:
LENGTH:	NUMBER OF POLES:		EXISTING:	NEW:	FLAG PERSON:		YES:	NO:	

The applicant agrees to submit all plans, bond or liability insurance and to indemnity, hold harmless and defend the City of Edgewood from any and all actions, causes of action, claims, suits or judgments whatsoever, in connection with any loss costs or expenses, including attorney's fees, resulting from injury or death of any person or persons, and lost of or damage to property caused by resulting from or of any way associated with the proposed work within the right-of-way above referenced and the closure of that street. NOTIFICATION OF ALL UTILITIES PRIOR TO START OF CONSTRUCTION IS REQUIRED. The undersigned does hereby certify that he/she is the duly authorized agent of the applicant for the purpose of binding the applicant to the terms and conditions of this form. The ROW and all existing improvements thereon shall be restored to their original condition or better.

SIGNATURE:	DATE:



VALIDATION PROCEDURE									
The applicant is requested to notify the Coordinator of City Services 72 hours prior to beginning work to obtain a validation number. Failure to provide notification or to obtain a validation number may result in the delay of work.									
VALIDATION NUMBER:									
GAS COMPANY IDENTIFICATION NO:									
FOR DEPARTMENT USE ONLY									
APPROVAL/DISAPPROVAL:		VALIDATION NUMBER:							
PLANS (INITIAL):		DATE:		APPROX. START TIME:					
RESTORATION REQUIREMENTS									
INSPECTION:									
INITIAL INSPECTION:			FINAL INSPECTION:			COMMENTS:			
INSPECTOR:			DATE:	INSPECTOR:			DATE:		

The applicant will perform work at the above named locations, provided all work is performed in accordance with the plans, City of Edgewood Ordinances, specifications, and regulations, and the following special condition _____ or such special conditions as may be imposed during the performance of the authorized work upon closure of a street or Lane Closure Permit. The applicant will close said portion of public street right-of-way in accordance with an approved M.U.T.C.D. traffic plan.			
CITY ENGINEER SIGNATURE:			DATE:
COMMENTS:			

Please submit your completed application to City Hall via email at sriffle@edgewood-fl.gov or bmeeks@edgewood-fl.gov, via facsimile to 407-851-7361, or hand deliver to City Hall located at 405 Bagshaw Way. For additional questions, please contact City Hall at 407-851-2920.