APPLICATION TO WORK IN COUNTY RIGHTS-OF-WAY

PERMIT #:_____

Applicant's Name					<u>Applicant's Status</u>		
				Individ	ual Government		
Mailing Address				Corpoi	Corporation Contractor		
				Religio		_	
City		State	Zip Code	Partne	rship Other	_	
Contact Person		Email	L		Phone #		
	0 L						
,							
Project Owner's Name (if different from applicant)		Email			Phone #		
Project Owner's Address (if different from applicant)					Fax #		
Cin			State		Zip Code		
City					•		
Project Location (Must be described thoroughly and i	nclude proximity to roadway ce	nterlines and adjac	ent intersections)				
Project Purpose							
i I							
Type of Utility		Proposed Start	Date:				
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		l		Pone	Clasura Nacassary		
Road Restrictions No Impact to	Travel Lanes	Lane Restriction (Must submit M			Closure Necessary t submit Road Closure Appli	ication)	
	Travel Lanes	7				ication)	
	Travel Lanes	7	OT Plan)				
Permit Type Underground linear construction, grading,) (Must submit M	OT Plan)	(Mus	t submit Road Closure Appli		
Permit Type Underground linear construction, grading, trenching or excavation parallel to the road (Fee is per 500 feet or portion thereof for each	Feet @ \$50 / 500 feet) (Must submit M	(OT Plan)		t submit Road Closure Appli		
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