

Metro Area Right Of Way Application for Work

City: _____

Date of Application: _____

APPLICANT INFORMATION

Applicant Name: _____ Applicant Phone: _____ Applicant FAX: _____

Applicant Address: _____ Applicant Email: _____

FACILITY OWNER INFORMATION **Check if same as applicant**

Facility Owner Name: _____ Facility Owner Phone: _____

Facility Owner Address: _____ Facility Owner Email: _____

CONTRACTOR INFORMATION

Contractor (Person performing the work): _____ License Number: _____

Contractor Address: _____ Contractor Phone: _____

Contractor Email: _____

Person in Charge of Job (name): _____ 24 hr Phone #: _____

Does the contractor have a bond on file with the city? Yes No If no please attach copy

PROJECT INFORMATION **WORK ORDER #** _____

Construction Type: Sewer Pavement Gas Water Telecommunications Electric

Trees Sidewalks Driveway Approach Other _____

Description of work to be performed:

Start Date: _____ Approximate Completion Date: _____

REQUIRED ATTACHMENTS

Bond (if not on file with city)
Construction Documents i.e. drawings, traffic control, GIS Plans, etc
Please check the city code for comprehensive list of required attachments
Payment – see <https://sites.google.com/site/centraliowarow/>

INDEMNIFICATION: Please read the following city code for indemnification requirements-<https://sites.google.com/site/centraliowarow/>

I have read, agreed and completed the indemnification requirements.

24 HR Notification required before starting work-please call permitting jurisdiction-see <https://sites.google.com/site/centraliowarow/>

Contractor Signature: _____ Date: _____

Facility Owner Signature: _____ Date: _____

CITY USE ONLY:

Date submitted: _____

Permit # (if applicable) _____

Approval Granted By: _____

Received By: _____

Form of Payment Cash Check CC

Permit Valid Until _____

Remarks:



1-800-292-8989