



PERMIT NO: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_

DATE PAID: \_\_\_\_\_

**DEPARTMENT OF PUBLIC WORKS**

**PUBLIC RIGHT OF WAY USE/EXCAVATION PERMIT  
COMMERCIAL**

**1. Permittee**

Company Name: \_\_\_\_\_ ROC #: \_\_\_\_\_

Email: \_\_\_\_\_

Permittee Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No: \_\_\_\_\_

**2. Contractor (if work or closure is other than permittee)**

Company Name: \_\_\_\_\_ ROC #: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No: \_\_\_\_\_

**3. Description of work (Attach additional sheets/maps/Process Plan if necessary)**

Location: \_\_\_\_\_

Nature: \_\_\_\_\_

Dimensions: \_\_\_\_\_

Work to Begin On: \_\_\_\_\_ Work to Completed By: \_\_\_\_\_

Work to Begin On: \_\_\_\_\_ Work to Completed By: \_\_\_\_\_

Estimated Daily Start Time: \_\_\_\_\_ Estimated Daily End Time: \_\_\_\_\_

Purpose: \_\_\_\_\_

Special Requirements: \_\_\_\_\_

\_\_\_\_\_

#### 4. Plans and Specifications: (2 Sets of each)

Construction Plans: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Engineering Designs: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Maps: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Sketches: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Diagrams: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Other: Yes: \_\_\_\_\_ No: \_\_\_\_\_

#### 5. Standard Fees Submitted with Application

Permit Fee (\$50) Yes: \_\_\_\_\_ No: \_\_\_\_\_

Inspection Fee (\$100.00) Yes: \_\_\_\_\_ No: \_\_\_\_\_

#### 6. Pavement Restoration Fee

Permits issued within 3 years after completion of major rehabilitation: \$ \_\_\_\_\_

Permits issued more than 3 to 5 years after completion of a major rehabilitation: \$ \_\_\_\_\_

Permits issued more than 5 to 7 years after completion of a major rehabilitation: \$ \_\_\_\_\_

Permits issued more than 7 years after completion of a major rehabilitation: \$ \_\_\_\_\_

#### 7. Additional Terms and Conditions (Where required By the City)

\_\_\_\_\_ Insurance Certificate attached: Yes: \_\_\_\_\_ No: \_\_\_\_\_

\_\_\_\_\_ Performance Bond Attached: Yes: \_\_\_\_\_ No: \_\_\_\_\_

\_\_\_\_\_ Other Financial Security Attached: Yes: \_\_\_\_\_ No: \_\_\_\_\_

### Compaction Test is Required When Backfilling

#### 8. Permittee Certification and Signature

By submitting this Application, Permittee certifies that it has obtained all other licenses, permits or approvals required by the City of Bisbee or any other governmental agency or private party to perform the work under this Permit, and further certifies that it shall be responsible for and shall indemnify, defend and hold harmless the City, its elected officials, officers and employees from all claims, demands, expenses or liabilities including, but not limited to, personal injury and property damage, arising out of or related to the work performed by the applicant, its agents and employees, under this Permit.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**9. Public works Department Approval**

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Date: \_\_\_\_\_

48 Hour Notice of Street Closure:    Police: \_\_\_\_\_    Fire: \_\_\_\_\_    Public Works: \_\_\_\_\_

Signature of City Official: \_\_\_\_\_

**PUBLIC WORKS DIRECTOR**

Inspection of Completed Job:    Yes: \_\_\_\_\_    No: \_\_\_\_\_

Job inspected by: \_\_\_\_\_

Permit No: \_\_\_\_\_

Date Work Completed: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**Please sign and return to the City of Bisbee, Public Works Department when the job is completed.**

**Once your project is completed call the City of Bisbee, Public Works Department for an inspection**

**(520)432-6001.**

