

PERMIT NO: _____

DATE RECEIVED: _____

DATE APPROVED: _____

DATE PAID: _____

DEPARTMENT OF PUBLIC WORKS

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

Address or location: _____

Date Issued: _____ Date Expires: _____

Permittee Name: _____

Permittee Address: _____

Permittee Phone No: _____ Email: _____

Contractor's Name:(If work or closure is by other than Permittee)

Contractor's Address: _____

Contractor's Phone No: _____ Email: _____

Contractor's Contact Person: _____

Description of Right of Way use: _____

Special Requirements: _____

Compaction Test Required: Yes _____ No: _____

Three set of plans submitted: Yes _____ No: _____

SIGNATURE OF PERMITTEE: _____ Date: _____

Permit Application Fee: _____

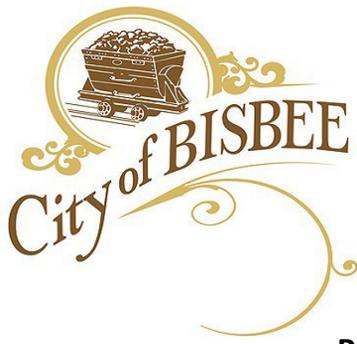
Approved by Public Works Department Yes: _____ No: _____

Signature of City Official: _____ Date: _____

Date Work Completed: _____

SIGNATURE: _____

(Please sign and return to City of Bisbee Public Works when the job is completed. Once your project is completed call the City of Bisbee, Public Works Department, for an inspection (520) 432-6001).



**CITY OF BISBEE
RIGHT OF WAY PERMIT
RESPONSIBILITIES OF PERMITTEE**

PERMITTEE MUST PROVIDE THE FOLLOWING:

- Traffic control as required by the Manual on Uniform Traffic Control Devices (MUTCD).
- Appropriate Work Zone safety to protect.
 - Workers
 - Public
- All Blue Stakes.
- Repair the work area to the satisfaction of the City of Bisbee.