



## Permit Application for Work in Right-Of-Way and Easements

### Utility Company Information

Type of Utility (telephone, gas, electric, or other): \_\_\_\_\_

Company Name \_\_\_\_\_

Representative \_\_\_\_\_

Title \_\_\_\_\_

Office No. \_\_\_\_\_

Cell No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

### Contractor Information

Company Name \_\_\_\_\_

Representative \_\_\_\_\_

Title \_\_\_\_\_

Office No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

Fax No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

### **Proposed Construction** (check all that apply)

Maintenance/Repair of Existing Facility

New/Relocate Facility (Plans Required)

Emergency Repair

Trenching

Fiber Optics Installation

Above Ground Facility

Pavement Cut

Other (Easement, etc.)

TOTAL LINEAR FEET \_\_\_\_\_ Description of Work \_\_\_\_\_

Location of Project: From \_\_\_\_\_ To \_\_\_\_\_

Emergency Contact Name and Phone Number \_\_\_\_\_

Proposed Begin Construction Date \_\_\_\_\_

Proposed End Construction Date \_\_\_\_\_

#### NOTES:

1. Permit required for all work within public R.O.W. and/or public utility easements that contain City of Lone Oak utilities.
2. Permit application must be submitted at least one week prior to construction start date.
3. Construction plans shall be standard sheet sizes only (Letter, Legal, 11" X 17").
4. It is the responsibility of the contractor to obtain and verify locates have been completed prior to excavation and to have them remarked should the markings fade or disappear.
5. A copy of the contractor's Certificate of Insurance is required.

**Applicant does hereby indemnify and forever hold harmless the City of Lone Oak against each and every claim, demand or cause of action that may be made or come against it by reason of or in any way arising out of the closing, blocking, excavation, cutting, tunneling, boring or other work by the applicant, applicant's employees, agents and contractors.**

Applicant Representative Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

#### For Office Use Only:

Proof of Insurance: \_\_\_\_\_ Plans Received: \_\_\_\_\_ Lines Located: \_\_\_\_\_

Approved by: \_\_\_\_\_ Permit Fee \$300 Paid? \_\_\_\_\_ Date Issued: \_\_\_\_\_