



Permit # _____

**REVOCABLE RIGHT-OF-WAY EXCAVATION, RIGHT-OF-WAY ENCROACHMENT
& UTILITY CONNECTION PERMIT APPLICATION**

The City of Delta hereby grants a revocable permit to the Permittee in accordance with the provisions of this Permit to do the following:

TYPE OF PERMIT REQUESTED:

- Right-of-Way Excavation
- Right-of-Way Encroachment
- Utility Connection; power pole, sewer main, water main, etc.
- Tree Removal, Trimming or Planting

***CONTRACTOR (PERMITTEE):**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Job Location: _____

Start date/time: _____ End date/time: _____

***CONSTRUCTION SUPERVISOR CONTACT:**

Name: _____

Phone Number: _____

TYPE OF PERMITTED WORK:

Please check all types of required work below using the following codes:

1 – Remove Existing 2 – Repair Existing 3 – Replace Existing 4 – New Installation

	1	2	3	4		1	2	3	4		1	2	3	4
Sewer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driveway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Curb & Gutter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Telecom Cable/Fiber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stormwater Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sidewalk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ROW Restriction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gas Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____				



*****PROJECT MUST BE STARTED WITHIN 30 DAYS OF THE ABOVE START DATE OR PERMIT SHALL EXPIRE.*****

In accepting this permit the undersigned, representing the Permittee, verifies that they have read and understands all terms and conditions of this permit; that they have the authority to sign for and bind the Permittee; and by virtue of their signature the Permittee is bound by and agrees to comply with all City ordinances and other laws, standards and specifications regulating construction.

Please email or attach with this permit form:

- **Cash Bond**
- **Traffic Control Plan**
- **City Approved Construction Drawing or Plan**

ALL WORK DONE MUST HAVE A FINAL INSPECTION. Call Public Works: (970) 874-7913

For TREE Work Call Parks: (970) 874-7973

Date: _____

Contractor/Applicant Signature: _____

Fee \$50.00 Received: _____ **NO FEE FOR TREE work**

Bond Received: _____ **Bond Amount:** _____

Healthy Tree Replacement Fund: \$500.00 Received: _____

Please complete this form and save it for your files. E-mail the form and all documentation to comdev@cityofdelta.net

CITY OFFICIAL SHALL NOTIFY APPLICANT ONCE PERMIT IS APPROVED. PERMIT INSPECTIONS REQUIRE 24 HOURS NOTICE

In the event of a non-business hour **Emergency Permit approval call (970) 275-4923**. Permit location will be inspected during the next business day and payment shall be expected. Call **970-874-7913** for regular inspections.

APPROVED BY CITY OF DELTA

Public Works By: _____ Date: _____

Parks (for tree work only) By: _____ Date: _____

*****This permit is valid 6 months from date approved*****

***** (CITY USE ONLY) *****

REQUIREMENTS

BOND DOCUMENTATION

[] Traffic Control Plan

Date Bond Received: _____

[] Inspection of Concrete Forms & Base – City Standards & Specifications

Amount: _____

[] Inspection of Utility Prior to Back-Fill – City Standards & Specifications

Receipt Number: _____

[] Inspection of Back-Fill & Compaction – *Compaction Testing may be required*

Received From: _____

[] CCTV Inspection of Underground Utilities

Returned: _____

[] Final Inspection Upon Completion

PO #: _____

ALL WORK DONE MUST HAVE A FINAL INSPECTION

Kept on File: _____

INSPECTION REQUIREMENTS:

CONCRETE FORMS & BASE INSPECTION:

NA YES: DATE: _____

Sidewalk (SF) _____ Curb, Gutter & Sidewalk (SF) _____ Driveway Section (SF) _____
 Curb & Gutter (LF) _____ Drain Pan (LF) _____ Sidewalk Crossing Drain (EA) _____

*MEETS CITY STANDARDS & SPECIFICATIONS: YES NO

COMMENTS: _____

UTILITY CONNECTION PRIOR TO BACKFILL:

NA YES: DATE: _____

Sewer Service Water Service Storm Drain Inlet (EA) Gas
 Electrical Service Telecom Cable Fiber Other: _____

Length (LF): _____ Pipe Size (IN): _____ Type (Mat.): _____

Location: _____

*MEETS CITY STANDARDS & SPECIFICATIONS: YES NO

COMMENTS: _____

BACKFILL & COMPACTION *Compaction Testing from Certified Lab Required: YES NO

NA YES: DATE: _____ Backfill Material (SY) _____

*MEETS CITY STANDARDS & SPECIFICATIONS: YES NO

ASPHALT REPLACEMENT: YES NA

NUMBER OF SF TO BE REPLACED: _____ TOTAL COST (\$10.00 per SF): \$ _____

COMMENTS: _____

FINAL INSPECTION: DATE: _____ APPROVED DISAPPROVED

COMPLETION OF REQUIRED CCTV INSPECTION: YES NA

COMMENTS: _____

TREE REMOVAL, TRIMMING, PLANTING: DATE: _____ APPROVED DISAPPROVED

SITE RESTORED TO MATCH OR IMPROVE THE SURROUNDING LANDSCAPE
 TREE REPLACEMENT FEE REQUIRED

PUBLIC WORKS DEPARTMENT: _____ **PARKS (for tree work):** _____