

## **ROW WORK PERMIT APPLICATION**

<u>Applicant:</u>										
Name of Owner (Home/Business):										
Name of Applicant:										
Contractor/Excavator (Permittee):										
Contractor Address:										
City:	State:	Zip Code:								
Site Contact:		Site Contact Phone:								
Office Phone:	E-mail	Address:								
Work Description: (Check)	New Constr	ruction 🗌 Repair 🔲 Utility								
Address:		Cross Street:								
Scope of work (Be Specific):										
Schedule dates:		Hours of								
Schedule dates.		Operation:								
Utility Work Info: Type:	Other	Length to Install:								
Material Types:		Size (Diameter):								
		· · ·								
Work area request: (Chec	ck all that apply)									
Temporary Lane Closure		Shoulder Work (< 5' from EOP)								
Temporary Road or Alley Clos	ure	Shoulder Work (> 5' from EOP)								

Temporary Sidewalk Closure						Drainage pipe/ditch (may require Eng. report)	
Temporary Parking Space Closure						Historic District	
f <u>fic Control and</u> estrian Plans (TCP*):		yes		no	*Inc	lude streets, drums, barricades, sign types, etc.	

## **<u>Right-of-Way Restoration:</u>**

Street Cut(s):	Length	Width	
Sidewalk Cut(s):	Length	Width	
Brick Street Cut(s):	Length	Width	

## Fees and Payment:

See Permit fee list. Due at time permit is issued Open Cut Fee / addtnl \$325 - due at time permit is issued Make Checks Payable to: City of Wilmington Remit to: City Engineering PO Box 1810, ZIP 28402 Send by email to: <u>ROWpermit@wilmingtonnc.gov</u> The Applicant and Contractor shall follow the City Standard Provisions, Street Cut Policy & the MUTCD Part 6 for traffic control guidance. Allow 48-72 hours after a permit has been submitted, reviewed and approved. Contact the ROW office at 910-341-5899 for assistance. All ROW work is provided with an 18-month warranty by the Applicant.

**\*NOTE:** Engineering approval of the proposed work does not indicate review or approval from other City departments, including but not limited to Planning, Zoning, and Fire.