

# Metro Area Right Of Way Application for Work

City: \_\_\_\_\_

Date of Application: \_\_\_\_\_

## APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_ Applicant Phone: \_\_\_\_\_ Applicant FAX: \_\_\_\_\_

Applicant Address: \_\_\_\_\_ Applicant Email: \_\_\_\_\_

**FACILITY OWNER INFORMATION**  Check if same as applicant

Facility Owner Name: \_\_\_\_\_ Facility Owner Phone: \_\_\_\_\_

Facility Owner Address: \_\_\_\_\_ Facility Owner Email: \_\_\_\_\_

## CONTRACTOR INFORMATION

Contractor (Person performing the work): \_\_\_\_\_ License Number: \_\_\_\_\_

Contractor Address: \_\_\_\_\_ Contractor Phone: \_\_\_\_\_

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

Person in Charge of Job (name): \_\_\_\_\_ 24 hr Phone #: \_\_\_\_\_

Does the contractor have a bond on file with the city?  Yes  No If no please attach copy

## PROJECT INFORMATION

**WORK ORDER #** \_\_\_\_\_

Construction Type:  Sewer  Pavement  Gas  Water  Telecommunications  Electric

Trees  Sidewalks  Driveway Approach  Other \_\_\_\_\_

Description of work to be performed:

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

Approximate Completion Date: \_\_\_\_\_

## REQUIRED ATTACHMENTS

- Bond (if not on file with city)
- Construction Documents i.e. drawings, traffic control, GIS Plans, etc
- Please check the city code for comprehensive list of required attachments
- Payment

**INDEMNIFICATION: Please read the city code for indemnification requirements - <http://www.norwalk.iowa.gov/YourGovernment/CityCode.aspx>**

I have read, agreed and completed the indemnification requirements.

**24 HR Notification required before starting work-please call permitting jurisdiction at (515) 981-9530**

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CITY USE ONLY:

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

Permit # (if applicable) \_\_\_\_\_

Approval Granted By: \_\_\_\_\_

Remarks:

Received

Form of Payment  Cash  Check

Permit Valid Until \_\_\_\_\_

By: \_\_\_\_\_

CC

