CITY OF MAYSVILLE
RIGHT-OF-WAY CONSTRUCTION PERMIT
APPLICATION FORM

Applicant Information	**Contractor Information**

Applicant Name: _____   **Contractor Name:** _____

Address: _____   **Address:** _____

_____

City: _____   **City:** _____

State: _____ **Zip Code:** _____   **State:** _____ **Zip Code:** _____

Phone: (_____)_____   **Phone:** (_____)_____

Fax: (_____)_____   **Fax:** (_____)_____

Contact Person Name: _____   **Contact Person Name:** _____

Contact Person Phone: (_____)_____   **Contact Person Phone:** (_____)_____

Email Address: _____   **Email Address:** _____

Check if any of the following are applicable to Applicant:

☐ **Telephone company**

☐ **Cable service provider**

☐ **Video service provider**

24-Hour Contact Information

Contact Name:_____**Title:** _____

Cell Phone: (_____)_____**Email Address:** _____

Site/Work Right-of-way Location

_____

_____

Type of Permit (check all that apply)

☐ **Shoulder Construction**   ☐ **Utility Installation**   ☐ **Street Cut**   ☐ **Street Bore**
☐ **Lane/Road Closure**   ☐ **Private Drive Cut**   ☐ **Private Drive Bore**   ☐ **Drive Construction**
☐ **Other (please specify)** _____

Describe Scope of Work (size, type, length, etc.)_____

_____

_____

_____

_____

Project Start / Completion Dates and Estimated Project Cost

Project Start Date:_____**End Date:**_____ **Estimated Project Cost: $**_____

Special Provisions