

\*\*\* Estimate of time to complete work
\*\*\* Description of facility to be installed

\*\*\* Shape File or FGDB File

\*\*\* Proof of general liability, automobile and worker's compensation

## City of Lake City - Growth Management

173 NW Hillsboro St. Lake City, FL 32055 Ph: 386-719-5750 Email: Permits@lcfla.com

## **Right-of-Way Work Permit Application**

Company Name:	Date Submitted:
Construction Start Date:	Ending Date:
Permit # issued by the City of Lake City :	
The above names company hereby requests a Rig	ht-Of-Way Permit to do the following work:
In the location, alignment, and elevation as shown	on the attached plans. Attach a separate sheet if needed.
Name: Phone Number: Number of sheets included:	d/or engineer review comments? ( <u>Must Complete</u> ) Address: Fax Number: Email:
The above applicant agrees to restore all areas to like optentially affected, permittees and franchisees, and ac	or better condition. Applicant shall notify all affected or djoining property owners as to the work to be completed. conditions, if any, as listed below (attach separate sheet if
This Work Application must be submitted with the fol	
***NO BORING ON FRIDAYS or after 4pm Monday  *** Description of Right-Of-Way affected  *** Required street closure/blockage  ***Statement verifying notification of affected parties  *** Project time table	•



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## **Contractor Information:**

Name:Email:		Phone No	Emergency 24-hour number:		
Address:	(Street)	(City)	(State and Zip)		
		Sub-Contractor Informa	tion:		
Name:		Phone No	Phone Number:Emergency 24-hour number:		
Email:		Emergen	Emergency 24-hour number:		
Auul ess.	(Street)	(City)	(State and Zip)		
	Permit Approved	Permit I	Denied		
Γhis perm	it expires on the "end" co	nstruction date listed on	page one unless otherwise noted.		
	City of Lake City Rep	resentative	Approval Date		
Pern	nit # issued by the City of	Lake City			