



Utility Company Right-Of-Way Encroachment Permit Application Form

Inspection & Approval Is Required Before Cutting Pavement

Work Order # : _____

Quarter Section #: _____

Date: _____ Project Name: _____

Company Name: _____

Applicant Contact: _____ Job Supervisor Name: _____

Phone: _____ Emergency Phone: _____ Fax: _____

Address: _____

Utility provided trench

Developer/other provided trench

Joint trench

Estimated work dates: Start date: _____ Stop date: _____

Location: _____

For the purpose of: _____

Contact Name: _____ Contact Phone #: _____

Name of contractor that has Certificate of Insurance on file with us: _____

(Insurance is required before permit will be issued)

_____ Lane closures on PRIMARY ROADS require a transportation mgmt. plan submittal

_____ Lane closures to be done from 9:00am to 4:00pm only, unless prior clearance is obtained

Total linear feet of utilities to be installed within: Right-of-way: _____ linear feet

Easement: _____ linear feet

Total linear feet of street cut: Longitudinal: _____ linear feet

Transverse: _____ linear feet

Applicant Name (Please Print)

Applicant Signature

Date

Official Use Only:

Staff Signature: _____ Request: Approved Denied Date: _____

Overlay Fee: _____ Permit Number: _____

Inspection Services

9191 East San Salvador, Scottsdale, AZ 85258 ♦ Phone: 480-312-5750 ♦ Fax: 480-312-5704