



400 Claiborne Drive
 P.O. Box 138
 Decorah, IA 52101

Date of Application: _____

RIGHT-OF-WAY WORK PERMIT APPLICATION

APPLICANT: _____

Owner Name, if different: _____ Phone: _____

Street Address: _____ E-Mail: _____

City, State, Zip: _____

CONTRACTOR: _____

Contact Name: _____ Phone: _____

Street Address: _____ E-Mail: _____

City, State, Zip: _____

PREMISE ADDRESS: _____

OTHER AFFECTED PROPERTIES (Include location of work and boundary streets):

START DATE: _____ **COMPLETION DATE:** _____

DESCRIPTION OF WORK (Include length and width of street cut):

(I/We) the undersigned, hereby apply for a permit from the City of Decorah to make a street cut as set out above. (I/We) understand and accept the terms and conditions of the regulations of Chapter 12.12 of the Decorah City Code. (I/We) agree to use OSHA approved barricades and agree to provide temporary patching to the satisfaction of the Street Superintendent immediately following the completion of the work for which this permit has been issued. (I/We) agree to have final repair work made within thirty (30) calendar days after the initial street cut is made or by an extension as granted by the Street Superintendent. (I/We) understand failure to backfill according to City specifications within forty-eight (48) hours of completion of work may result in the additional charges to the Applicant.

_____ Applicant/Owner Signature

_____ Date

OFFICE USE ONLY

In accordance with this application and as addressed herein, a Right-of-Way Work Permit is hereby granted.

_____ City Representative

_____ Date

SUBMISSION REQUIREMENTS:
 _____ \$25.00 Application Fee
 _____ Insurance Certificate/Amount of Liability \$ _____
 _____ Surety Bond, if stipulated by City/Amount \$ _____

COPIES PROVIDED TO:
 _____ Applicant and/or Owner
 _____ Street Superintendent
 _____ Water Department