



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:**  
 \_\_\_\_\_ \$30.00 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