

TOWN of ESTES PARK
RIGHT-OF-WAY WORK PERMIT
Public Works Engineering
P.O. Box 1200, Estes Park, CO 80517
970-577-3586 FAX 970-586-6909

PERMIT# _____
EXPIRES 30 DAYS FROM ISSUE

GENERAL INFORMATION

MINIMUM 3 WORKING DAYS REQUIRED FOR ENGINEERING APPROVAL

owner's name	contractor	
address	address	
city/state/zip	city/state/zip	
phone / FAX	phone / FAX	license #
	emergency phone #	

PROJECT INFORMATION

work location:	type of work trencher _____ boring _____ open cut _____
ADDRESS	NEW _____ REPAIR _____ DEPTH _____ WIDTH _____
LOT _____ BLOCK _____	purpose WATER SEWER GAS ELECTRIC PHONE OTHER
SUBDIVISION	
nearest intersection	
START DATE _____ END DATE _____	LENGTH OF PROJECT _____

SURFACE IMPROVEMENTS

asphalt roadway	gravel roadway	concrete	driveway
_____ long X _____ wide	_____ long X _____ wide	_____ long X _____ wide	SF culvert length _____
SF	SF		

ATTACH COPIES OF THE FOLLOWING TO THIS DOCUMENT

TRAFFIC CONTROL PLAN <input type="checkbox"/> yes <input type="checkbox"/> no	TIME OF DAY OPERATION _____
LANDSCAPING PLAN <input type="checkbox"/>	ENGINEERS NAME _____
DOWNTOWN PROVISIONS <input type="checkbox"/>	DEVELOPMENT PLAN APPROVAL date _____
INSURANCE PROVIDED	

TRAFFIC CONTROL COMPANY _____ **phone** _____
 Traffic Control Supervisor: Name _____ **phone** _____

CONCRETE OR BACKFILL AND COMPACTION METHODS FOR LINEAR RUNS SHALL BE TESTED
 BY: ENGINEER _____ PHONE _____ FAX _____

TEST RESULTS SHALL BE FAXED TO THIS AGENCY IMMEDIATELY (WITHIN 24 HOURS) FOLLOWING LABORATORY WORK.

PERMIT COST _____ = **TOTAL \$** _____ **PAID** yes _____ no _____

SPECIAL CONDITIONS

 BY: _____ DATE _____
 Having carefully read the requirements of the Construction Specifications I (permittee) hereby agree to the terms and condition described within.
NAME _____ **DATE** _____

APPROVED & ISSUED BY - (Greg Sievers) _____ DATE _____

CALL BEFORE YOU DIG 1-800-922-1987 *Final inspection date* _____