



City of Bay Minette

Right-of-Way Permit

OFFICE USE ONLY
ROW- _____
NO FEE

301 D'Olive Street · Bay Minette, Alabama 36507 · Phone (251) 580-1848 · COBM_PublicWorks@ci.bay-minette.al.us

Applicant/Company: _____ **Business License #:** _____

Address: _____

Telephone Number: _____ **Email:** _____

Contractor Name: _____ **Business License #:** _____

On-Site Supervisor: _____ **Email:** _____ **Number:** _____

Sub-Contractor Name: _____ **Number:** _____ **Business License #:** _____

***Please include a separate sheet for any additional Sub-Contractors including their Name, Email, Number, and Business License #.**

Type of Work: Excavation Pole Line Utility Installment/Repair Other: _____

Description of Work: _____

***If Emergency work, please include performance period & detailed description of previous and future work:** _____

If Excavation- # of Pavement Excavations _____ **# of Non-Pavement Excavations:** _____

Project Location(s) - Attach a map or project area or list all streets affected: _____

Area(s) to be Affected: Sidewalk Shoulder Parking Ln Traffic Ln → Total Street Closure *or* Partial Street Closure

Traffic Control: Cones Arrow Board Controllers Barricades Caution Tape

Performance Period: _____ **Has AL-811 Locate been requested?** Yes No

This permit is rendered invalid if work is not initiated within six months or if the project lies dormant for a period of thirty (30) days after starting construction. Applicant understands that violation of any City Ordinance may lead to a stop work order & subsequent revocation of this permit. The Applicant agrees to notify this office 72 hours prior to closing any roadway.

All conditions for use of public ways per the established Franchise Agreement will apply. Upon completion of the work commenced, the contractor will be responsible for restoring any broken or damaged property for which they were responsible within a reasonable time frame. Failure to do so within a reasonable amount of time will result in the city to proceed and restore the damaged property and invoicing the contractor. All invoices will be due upon receiving.

Signature of Applicant: _____ **Date:** _____

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Office Use Only

Approved **Denied**

Received Date: _____ **Franchise Agreement:** Yes No **Department Notifications Issued:** _____

Police Fire Admin NBU Business License Building/Code Enforcement Planning AL-811 Verification

Public Works Review: _____

Comments: _____