



# City of Bay Minette

## Right-of-Way Permit

<b>OFFICE USE ONLY</b>
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 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:** \_\_\_\_\_

<b>Office Use Only</b>		<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Received by: _____	Date: _____	
Franchise Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No	Department Notifications Issued: _____	<input type="checkbox"/> AL- 811 Verification
<input type="checkbox"/> Public Works <input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> Admin <input type="checkbox"/> NBU <input type="checkbox"/> Business License <input type="checkbox"/> Building <input type="checkbox"/> Planning		
Zoning Review: _____	Building Review: _____	
Comments: _____		