

# APPLICATION TO WORK IN THE PUBLIC RIGHT-OF-WAY

Park City Municipal Corporation, City Engineer's Office, PO Box 1480, 445 Marsac Avenue, Park City, UT 84060  
 435-615-5056, [melanie.jackson@parkcity.org](mailto:melanie.jackson@parkcity.org), [www.parkcity.org](http://www.parkcity.org) (permit is available to be filled out on-line)

**ALLOW UP TO TWO (2) BUSINESS DAYS TO PROCESS PERMIT**

TODAY'S DATE:	PROJECT ADDRESS/LOCATION:	Engineering Permit # <b>EN-2</b> - _____
OFFICE USE IS THE PROJECT IN THE SOIL'S DISTRICT? <input type="checkbox"/> YES <input type="checkbox"/> NO REVIEWED BY <i>Environmental Regulatory Program Manager</i> <input type="checkbox"/>	OFFICE USE <i>SOILS DISTRICT DIRECTIONS:</i>	
PROJECT START DATE:	PROJECT END DATE:	
CONTRACTOR'S NAME:	MAILING ADDRESS:	
EMAIL ADDRESS:	24 HOUR PHONE #:	

**All Patchwork done between Oct. 15 & Apr. 15 will be considered temporary. Contractor will be responsible to permanently patch the area after Apr. 15**

<b>TYPE OF WORK</b>	<i>Include a scaled drawing or brief written description</i>
<input type="checkbox"/> DRY (Phone, Cable, Electric) <input type="checkbox"/> GAS <input type="checkbox"/> WATER <input type="checkbox"/> SANITARY SEWER <input type="checkbox"/> STORM DRAIN <input type="checkbox"/> DRIVE <input type="checkbox"/> OTHER _____	
WILL CONTRACTOR BE DISTURBING CONCRETE OR ASPHALT: <input type="checkbox"/> YES <input type="checkbox"/> NO	
PAVING: <input type="checkbox"/> CONCRETE <input type="checkbox"/> ASPHALT	PAVING CONTRACTOR'S NAME: _____ 24 HOUR PHONE #: _____
<b>ALL CONCRETE AND ASPHALT WORK REPAIRS MUST BE COMPLETED WITHIN 10 WORKING DAYS OF COMPLETION OF UTILITY WORK</b>	

**REQUIREMENTS** NO INCOMPLETE APPLICATIONS WILL BE ACCEPTED. All Requirements must be fulfilled prior to submitting your application.

PERMIT FEE: <input type="checkbox"/> \$200 APPLICATION FEE	PROOF OF CURRENT CONTRACTOR'S LICENSE: LICENSE # _____ EXP DATE: _____
<b>GUARANTEE FEE:</b> <input type="checkbox"/> \$2000 WORK IN THE RIGHT-OF-WAY GUARANTEE <i>GUARANTEE is refundable one year after final Building inspection. If the work in the Right-of-Way passes final inspection the guarantee fee will be mailed out within 30 days of the final inspection. If the work requires repairs the City Engineer's Office will contact the person who paid the guarantee. If funds are returned to the City for any reason, e.g. address change, the GUARANTEE shall be forfeited. The Parties intend that all forfeited funds shall be deposited in the general fund or at the City's discretion for projects within the City.</i>	<b>RETURN OF GUARANTEE:</b> <input type="checkbox"/> Contractor (same address as above) <input type="checkbox"/> Other (Property Owner, etc.)  NAME: _____ MAILING ADDRESS: _____ CITY, STATE, ZIP: _____ PHONE #: _____
Date of Payment:	

<b>INSURANCE:</b> <input type="checkbox"/> Proof of Liability Insurance in the amount of \$2,000,000; <input type="checkbox"/> NAME AS ADDITIONALLY INSURED: Park City Municipal Corporation, PO Box 1480, Park City, UT 84060. <i>The Certificate can be emailed to <a href="mailto:corey.legge@parkcity.org">corey.legge@parkcity.org</a>.</i>	<input type="checkbox"/> On-File <input type="checkbox"/> Expiration Date: ____/____/20____
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**OTHER PERMITS** For Example  PARTIAL ROAD CLOSURE  ENCROACHMENT PERMIT  PARKING  WATER SYSTEM HOT TAP  
*If other permits are required, it is the responsibility of the applicant to obtain the forms needed to avoid a STOP WORK ORDER.*

*I certify that all work will be completed in accordance with Park City's Construction Standards and Conditions of Permit Approval. I acknowledge that as the Contractor I am responsible for the full cost of any repairs if the Guarantee does not cover the City's cost.*

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SCHEDULE INSPECTIONS 24 HOURS IN ADVANCE....435-615-5071**

<b>OFFICE USE ONLY</b>	APPROVED ON: _____ DAY OF _____ 20____ ENGINEER APPROVAL: _____
<input type="checkbox"/> Road Closure. Submitted <input type="checkbox"/> N/A Road Closure Date(s): _____ Road Closure Time(s): _____	