

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

melanie.jackson@parkcity.org (permit is available to be filled out on-line)

TODAY'S DATE:		PROJECT ADDRESS/LOCATION:		Engineering Permit # EN- 2 ____ - ____	
OFFICE USE IS THE PROJECT IN THE SOIL'S DISTRICT? <input type="checkbox"/> YES <input type="checkbox"/> NO REVIEWED BY Environmental Regulatory Program Manager <input type="checkbox"/>			OFFICE USE SOILS DISTRICT DIRECTIONS:		
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

TYPE OF WORK		Include a scaled drawing or brief written description			
<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 #: _____	
ALL CONCRETE AND ASPHALT WORK REPAIRS MUST BE COMPLETED WITHIN 10 WORKING DAYS OF COMPLETION OF UTILITY WORK					

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: _____
GUARANTEE FEE: <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>	RETURN OF GUARANTEE: <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:	

INSURANCE:	<input type="checkbox"/> On-File <input type="checkbox"/> Expiration Date: ____/____/20____
<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 melanie.jackson@parkcity.org</i>	

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

OFFICE USE ONLY	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):