CITY OF WHEATON

Right of Way Application

**Applicant info:**

|  |
| --- |
| Name: |
| **Mailing Address:** |
| **City:** | **State:** | **Zip Code:** |
| **Home Phone:** | **Cell Phone:** | **Fax/email** |

**General Contractor Info:**

|  |
| --- |
| **Name:** |
| **Mailing Address:**

|  |  |  |
| --- | --- | --- |
| **City:** | **State:** | **Zip Code:** |
| **Home Phone:** | **Cell:** | **Fax/email:** |
| **Gopher State One Call Reg.** | **#** |  |
| **Ins. Info** | **Policy #** |  |

 |

**Facilities Information – Please Check**

|  |  |  |
| --- | --- | --- |
| * Cable TV
 | * Water
 | * Electric
 |
| * Sewer
 | * Telecom
 | * Fiber
 |
| * Other please specify
 |  |  |

**Purpose of Construction-Please Check**

|  |  |  |
| --- | --- | --- |
| * New
 | * Replacement
 | * Repair
 |
| * Other Please Specify
 |  |  |

**Type of Construction-Please Check**

|  |  |  |
| --- | --- | --- |
| * Trench
 | * Hole
 | * Chamber
 |
| * Bore
 | * Plow
 | * Aerial
 |
| * Other Please Specify
 |  |  |

|  |  |
| --- | --- |
| **Signature of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Signature of Contractor (Required)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

By signing, the applicant agrees to do all such work in strict accordance with all the City of Wheaton and other applicable ordinances or federal and state laws. Applicant or agent agrees that site plan, sketches, and other attachments submitted herewith and which are approved by the City are true and accurate, and shall become part of the permit. Applicant or agent agrees that in making said applicant for a permit, applicant grants permission to Wheaton’s designated official, to inspect work in progress covered by said permit and ensure compliance of with any applicable city, state, or federal ordinances or statutes. Applicant or agent understands that it is applicant’s sole responsibility to contact any other federal, state country or local agencies to make sure applicant has complies with all relevant Municipal, State, Federal or other applicable laws concerning applicant’s project described above.

Permit Approval:

 Administrator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_