



PUBLIC WORKS RIGHT-OF-WAY & EASEMENT WORK PERMIT

Submittal Date: _____
(Must be 5 working days prior to
Proposed Start Date)

CONTRACTOR INFORMATION *(attach additional subcontractor information)*

Prime Contractor: _____	Contact Name: _____
Address: _____	Primary Phone #: _____
Email Address: _____	City License #: _____
Sub-Contractor: _____	Contact Name: _____
Address: _____	Primary Phone #: _____
Email Address: _____	City License #: _____

All contractors must be licensed with the City; contact the Building Department at 303-335-4584 to confirm license is current. Permits will not be accepted from unlicensed contractors or those whose license has expired.

APPLICANT INFORMATION *(if no contractor or different from above)*

Name: _____	Primary Phone #: _____
Address: _____	Alternate Phone #: _____
Email Address: _____	

LOCATION AND DESCRIPTION OF WORK

TOTAL VALUE OF ROW WORK _____

Address / Intersection / Location: _____

Description of Property: Single Family Multi-Family Commercial Other: _____

Description of Work *(please check ALL that apply)*: Pavement/Concrete Sanitary/Water/Storm
 Communication/Electric/Gas Landscape/Storage Overlot Grading

Description of Work: _____

Are Traffic Signal Locates Required? Yes No Location: _____

SCHEDULE OF WORK *(Minimum of 5 Working Days Required for Approval prior to Proposed Start Date)*

Proposed Start Date: _____ Proposed End Date: _____

LANDSCAPE/STORAGE Surface to be Impacted *(Check ALL that apply)*: Street Alley Walk Trail/Open Space

Type of Impact:	Type of Work:
<input type="checkbox"/> Construction Equipment	<input type="checkbox"/> Tree/Branch Removal <input type="checkbox"/> Mulch <input type="checkbox"/> Sod/Seed
<input type="checkbox"/> Material (Mulch, Rock, etc.)	<input type="checkbox"/> Tree/Shrub Planting <input type="checkbox"/> Irrigation <input type="checkbox"/> Other: _____
<input type="checkbox"/> Special: _____	

ATTACHMENTS/SUBMITTALS The following are attached and submitted with this permit for review and approval:

<input type="checkbox"/> Site Plan	<input type="checkbox"/> Concrete Mix Design	Supplier: _____	Mix No: _____
<input type="checkbox"/> Traffic Control	<input type="checkbox"/> Flowfill/Flashfill Mix Design	Supplier: _____	Mix No: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Asphalt Mix Design	Supplier: _____	Mix No: _____

