



# CITY OF ARLINGTON PUBLIC RIGHT-OF-WAY/EASEMENT CONSTRUCTION PERMIT APPLICATION

Though the Contractor acting as an agent, the Service Provider shall perform all work in the public right-of-way/public easements in accordance with City ordinances, specifications, and standards as they apply to such work. No change shall be made to the plans under this permit without prior written approval from the City. **The Service Provider/Contractor must obtain a permit prior to commencing work. Permits are valid for 90 days. Please allow at least three (3) business days for processing.**

- **THIS FORM MUST BE COMPLETELY FILLED OUT PRIOR TO APPROVAL OF PERMIT.**
- Line locates for City Utilities must be obtained prior to construction. **Give 2 Working Days Notice.** [https://iframe.publicstuff.com/#?client\\_id=1000074](https://iframe.publicstuff.com/#?client_id=1000074) or download the AskArlington app. City Utilities include Water, Sanitary Sewer, Signals, Flashers, Streetlights, Fiber & Median/Parkway Irrigation. For all other Utilities visit: <http://call811.com/>
- **The City of Arlington Right-Of-Way Permit Inspector must be notified at [rowinspector@arlingtontx.gov](mailto:rowinspector@arlingtontx.gov) at least 48 hours prior to beginning construction.**
- **(1) ONE PLAN SET must be attached.** The City of Arlington cannot provide copies for the applicant.
- **An approved Traffic Control Plan must be submitted with this ROW Permit Application. A Stormwater Pollution Prevention Plan and Trench Safety Plan may also be required, if applicable.**
- **A copy of this permit must be maintained on site at all times.**

### **SERVICE PROVIDER:**

*The undersigned hereby makes application for a permit covering the proposed work at:*

Project Work Dates: Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Beginning Street Address / Cross Streets: \_\_\_\_\_

Ending Street Address / Cross Streets: \_\_\_\_\_

In Right-of-Way  In Easement

Purpose:  Install New Service  Repair Existing Facilities  Other \_\_\_\_\_

Project Number (if applicable): \_\_\_\_\_

Service Provider:  ONCOR  Atmos Gas  Time Warner/Charter/Spectrum  ATT

Natural Gas Pipeline  Zayo  Other

\_\_\_\_\_  
(Print Company Name)

*(If Other, the Company must register with the City prior to submitting a permit.)*

City Project \_\_\_\_\_ (Project Name/Number)

Service Provider Contact Name: \_\_\_\_\_

Service Provider Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor Company Name: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Contractor Contact Name (Print): \_\_\_\_\_

Contractor Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor Driver's License #: \_\_\_\_\_

**I hereby certify that I have read and examined the application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local ordinances regulating construction, the performance of construction, or the use of land including ROW or structure.**

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PERMIT NO.** \_\_\_\_\_