

CITY PROJECT #: \_\_\_\_\_

**REQUIRED INSPECTIONS**

You are required to notify the city 48 hours in advance of requested inspections. To schedule inspections call (765) 807-1032. If you are doing tree work please call (765) 807-1041. Failure to schedule inspections may result in fines and denial of future permits.

- (1) Preliminary inspection (prior to pouring concrete or spreading asphalt; not required for planting strip work);
- (2) Final inspection (required for all work in city right of way including planting strips).

**UTILITY COMPANY INFORMATION**

_____	_____
COMPANY NAME	PHONE
_____	_____
ADDRESS	EMAIL

**CONTRACTOR INFORMATION (if different from Utility Company)**

_____	_____
COMPANY NAME	PHONE
_____	_____
ADDRESS	EMAIL

**CURRENT 10K BOND & COMMERCIAL LIABILITY INSURANCE?**       YES       NO

**DESCRIPTION OF RIGHT OF WAY WORK**

SMALL CELL PROJECT?     YES     NO

LOCATION/ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

NEAREST CROSS STREET: \_\_\_\_\_

DESCRIPTION OF WORK\*: \_\_\_\_\_  
\_\_\_\_\_

EXCAVATION SIZE: \_\_\_\_\_

START DATE:       END DATE:

\*Please include plans and/or a map showing the location(s) of the work you described above.

**UTILITY COMPANY PROJECT NUMBERS:** \_\_\_\_\_

**Signature and Agreements**

1. All excavations in city right of way must be done under the supervision and inspection of the Public Works Inspector, and in accordance with the Lafayette Code of Ordinance Sec 8.03.010 "Permit required".
2. Only authorized persons/agents of the listed Utility Company may submit right of way applications.
3. By signing below you are acknowledging your agreement with the terms stated in this document.

\_\_\_\_\_  
Authorized Person/Agent Name      Authorized Person/Agent Signature      Date



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**TYPE OF RIGHT OF WAY WORK (check all that apply):**

STREET CUT     SIDEWALK or DRIVE APPROACH     PLANTING STRIP     TREE WORK

**STREET CUTS AND/OR SIDEWALKS:**

1. PRELIMINARY INSPECTION	PRIOR TO POURING CONCRETE OR SPREADING ASPHALT
2. FINAL INSPECTION	AFTER CONCRETE IS POURED OR ASPHALT IS SPREAD

**PLANTING STRIP:**

1. FINAL INSPECTION	AFTER PLANTING STRIP OR DUG UP AREA IS RESTORED
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**TREE WORK:**

1. FINAL INSPECTION	AFTER TREE WORK IS COMPLETE
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**CONTRACTOR RESPONSIBLE FOR INITIAL EXCAVATION:**

APROX. DATE OF EXCAVATION	
COMPANY NAME	
ADDRESS	
EMAIL	
PHONE	

**CONTRACTOR RESPONSIBLE FOR RESTORATION OF EXCAVATION:**

APROX. DATE OF RESTORATION	
COMPANY NAME	
ADDRESS	
EMAIL	
PHONE	

**CONTACT PERSON FOR INSPECTION(S):**

NAME	
EMAIL	
PHONE	

I understand failure to call in the required inspections above may result in fines or denial of future permits.

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date