



**PUBLIC WORKS
RIGHT OF WAY, UTILITY & EASEMENT WORK PERMIT**

Submission Date: _____
Issuance Date: _____

PROJECT LOCATION

Address/Intersection From and To: _____

APPLICANT INFORMATION

Company Name: _____ Contact Person: _____
Company Address: _____ Phone: _____
City: _____ State: _____ Zip: _____ Pager/ Cell Phone: _____

CONTRACTOR INFORMATION

General Contractor _____ Registration/License No _____
Subcontractor #1 _____ Registration/License No _____
Subcontractor #2 _____ Registration/License No _____
Contact Person: _____ Phone : _____ Pager/ Cell Phone: _____

CONSTRUCTION INFORMATION

PROJECT COST \$ _____ PERMIT FEES \$ _____ PERMIT No. _____

<u>Type of Utility</u>		<u>Purpose of Construction</u>		<u>Type of Construction</u>	
<input type="checkbox"/> Gas	<input type="checkbox"/> Cooling	<input type="checkbox"/> New		<input type="checkbox"/> Trench	
<input type="checkbox"/> Cable	<input type="checkbox"/> Electrical	<input type="checkbox"/> Replacement		<input type="checkbox"/> Hole	
<input type="checkbox"/> Telecom	<input type="checkbox"/> Traffic	<input type="checkbox"/> Repair		<input type="checkbox"/> Chamber	
<input type="checkbox"/> Heating	<input type="checkbox"/> Water & Sewer	<input type="checkbox"/> Utilities		<input type="checkbox"/> Boring	
Other _____		Other _____		Other _____	

<u>Excavation Size</u>			<u>Portion of right-of-way-being used</u>	
Length: _____	Width: _____	Depth: _____	<input type="checkbox"/> Driving Lane	
Total Linear Footage of Installation: _____			<input type="checkbox"/> Parking Lane	
			<input type="checkbox"/> Sidewalk	
			<input type="checkbox"/> Boulevard	

CONSTRUCTION SCHEDULE

Number of Construction Days: _____ Start Date: _____ End Date: _____
Weekend Dates: _____ After Hours Date: _____

OWNER/AGENT SIGNATURE _____ Date _____

CONTRACTOR SIGNATURE _____ Date _____

OWNER/AGENT PRINT _____ Date _____

CONTRACTOR PRINT _____ Date _____

STATE OF FLORIDA PALM BEACH COUNTY

STATE OF FLORIDA PALM BEACH COUNTY

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS _____ BY _____
WHO IS PERSONALLY KNOWN TO ME OR WHO HAS PRODUCED _____

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WHO IS PERSONALLY KNOWN TO ME OR WHO HAS PRODUCED _____

(SIGNATURE OF PERSON TAKING ACKNOWLEDGEMENT) _____ AS IDENTIFICATION

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(NAME OF OFFICER TAKING ACKNOWLEDGEMENT TYPED, PRINTED, OR STAMPED) _____ SEAL

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(RANK OR TITLE) _____

(RANK OR TITLE) _____

(SERIAL NUMBER, IF ANY)

(SERIAL NUMBER, IF ANY)

***I certify that I am an authorized signer for this permit application. Once the permit is issued, I agree to comply with all requirements, terms, provisions and conditions associated with the permit, and/or as specified in the City of Pahokee's Code of Ordinances. I agree to indemnify and save harmless the City of Pahokee, its agents, employees, and elected officers.**