CITY OF OSKALOOSA PUBLIC WORKS DEPARTMENT

RIGHT-OF-WAY PERMIT APPLICATION

TYPE OF WORK: (Check all that apply)

☐ **Temporary Street or Lane Closure** ($25.00 fee)

☐ **Sidewalk** *(4" Minimum Pavement Thickness)*
Length: _____ feet
Width: _____ feet (4' Typical, 5' for New Sidewalk)

☐ **Driveway** *(6" Minimum Pavement Thickness)*
Driveway Width: _____ feet
+ Flare Width: _____ feet *(3' Typical X 2)*
= Total Curb Cut Length: _____ feet

☐ **Driveway Culvert** (12" Minimum Diameter)
Length: _____ feet / Size & Type: _____

☐ **Street Repairs:** (Check all that apply)
- Place a minimum of 6" of compacted granular subbase (Class A Roadstone or equivalent) under all street repairs
☐ Curb and Gutter *(Minimum 8" Thick)*
Length: _____ feet
☐ Concrete Pavement *(Minimum 8" Thick)*
☐ Seal Coat or Asphalt Pavement *(Minimum 6" Thick)*
☐ Composite Pavement *(Minimum 8" Thick)*

☐ **Utility Work:** (Check all that apply)
☐ Excavation
Depth: _____ feet / Length: _____ feet
☐ Directional Boring
Length: _____ feet
☐ Tree Removal/Trimming
☐ Other: _____
Work is Related to:
☐ Sanitary Sewer ☐ Natural Gas
☐ Storm Sewer ☐ Water
☐ Telephone ☐ Communications
☐ Electric ☐ Other: _____

☐ **Tree Removal**

☐ **Tree Planting** (Urban Forester approved species only)
Tree Species: _____

☐ **Other:** _____
Provide Detailed Description of Work Below:
_____
_____
_____

Fees: Sewer Inspection - $30.00, Sewer Tap - $150.00
Any Pavement Repairs: < 15 feet - $30.00, > 15 feet - $40.00
No Fee for Tree Removal or Planting, Culverts, or Earthwork

THIS PERMIT IS VOID IF WORK IS NOT COMPLETED WITHIN 120 DAYS *(Please Print Below)*

LOCATION/ADDRESS:

START DATE: END DATE:

COMPANY:

CONTACT NAME:

24 HOUR PHONE:

INSPECTION REQUIRED: ☐ YES ☐ NO

THIS PERMIT IS SUBJECT TO THE FOLLOWING CONDITONS:

1. Work performed without an inspection by City staff will not be accepted and may result in fines and/or full to partial repairs at the expense of the permit holder.
2. The City shall be notified 24 hours prior to the start and completion of any work.
3. The City shall be notified 24 hours prior to any street or lane closures.
4. Street or lane closures must meet all current Manual on Uniform Traffic Control Devices signage requirements.
5. Access to private properties and all utilities must be maintained throughout.
6. All work must be in compliance with current Americans with Disabilities Act standards.
7. Permit holder is responsible for notifying, locating (Iowa 811 One Call), and protecting all utilities within the project area, any damage will be the sole responsibility of the permit holder. Any alteration, improvement, or relocation of any utility required by the scope of work will be done at the expense of the permit holder.
8. All work shall be completed according to standards approved by the City Engineer and subject to inspection by City staff at any time.
9. All City property and/or rights-of-way shall be restored to current standards, original condition, or as otherwise approved by City staff.
10. It is understood and agreed that the rights and privileges herein are granted to the extent of the City's right, title, and interest in the land to be entered upon and used by the permit holder. The permit holder will assume all risk, and indemnify, defend, and save harmless the City from and against all loss, damage, cost, or expense arising in any manner out of the exercise or attempted exercise of the aforesaid rights and privileges.
11. Any public street closure will require Oskaloosa City Council approval and must be in accordance with an approved traffic maintenance plan.
12. Permit holder is responsible for providing an emergency contact and 7 day, 24 hour phone number. Inability to make contact in the event of an emergency may result in penalties, fines, revocation of permit, and/or back charges as a result of damages.
13. Except for sidewalk, all work within the City right-of-way must be performed by a contractor who is both licensed and insured. When requested, documentation must be provided prior to approval of the permit.

I hereby state that all information is correct and agree to the terms and conditions of this permit. I also agree to be bound by the provisions of the ordinances, specifications, and regulations of the Oskaloosa Municipal Code or any other government agency restrictions or regulations that may be imposed by the City of Oskaloosa Public Works Department. I understand that violation of these regulations or safety requirements may cause revocation of the permit, termination of the activity, and denial of future permit requests.

_____
Signature of Applicant or Agent of Applicant Date

FOR CITY OF OSKALOOSA OFFICE USE ONLY

Permit Fee: $_____ Date: _____

☐ APPROVED ☐ DISAPPROVED

_____
Public Works Dept. Signature Date

INSPECTED & ACCEPTED BY:

_____
Signature & Title Date

CITY OF OSKALOOSA PUBLIC WORKS DEPARTMENT
804 SOUTH D STREET, OSKALOOSA, IA 52577 (Phone: 641-673-7472 Fax: 641-673-3733)