



RIGHT-OF-WAY CONSTRUCTION PERMIT

For Office Use Only Permit # _____

Revision Date: 05/2016

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Franchised or Licensed Utility Company

Company Name: _____

TxPUC Registration # _____ City Registration # _____

Address: _____

Phone Number: _____ 24-Hour Emergency Phone Number: _____

Contact Person: _____

Phone Number/Extension: _____ Contact Person E-mail: _____

Subcontractor Performing the Work

Company Name: _____

Address: _____

Phone Number: _____ 24-Hour Emergency Phone Number: _____

Contact Person: _____

Phone Number/Extension: _____ Contact Person E-mail: _____

Location and Description of Work *(Required)*

Include street names, termination points, and linear feet of cable work.

Will any pavement be removed (this includes utility locates)? _____ Yes _____ No

Will traffic lane or sidewalk closure be required? _____ Yes _____ No

(If traffic lane or sidewalk closure is required, a detailed line traffic control plan with permit application must be submitted and comply with Texas Manual on Uniform Traffic Control Devices known as the TMUTCD. Traffic lane closure is limited to the time of 7:00 AM to 7:00 PM.)

Call 24 hours before replacement of concrete at Construction Inspection 469-209-6523

Anticipated Start Date: _____ Anticipated Completion Date: _____

Please call Dig-Tess at 1-800-344-8377 Dig-Tess Confirmation Number: _____

Emergency Numbers

- For all incidents involving damage, the City of Van Alstyne's Public Works Office must be called 903-482-5426
- For accidents involving injuries or affecting public safety call 911.
- For incidents / accidents affecting Atmos Gas call 1-800-460-3030
- For Incidents / accidents affecting Oncor Electric Delivery call 1-888-313-4747
- AT&T/SBC Customer Service Bureau Manager on Duty 1-800-286-8313
- Time Warner Cable 1-877-833-6350
- Cable One 903-815-0127
- Grayson Collin Electric Cooperative 903-482-7100

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Contractor Checklist

Contractor must submit application at City Hall, and include the following:

- (1) Copy of Plans, drawn to scale on 8.5"x11", 11"x17", or 24"x36" sheets.
- (1) Copy of a legible site specific traffic control plan (line drawing or aerial photo). Plan must be drawn to City Design Manual specifications on 8.5"x11", 11x17", or 24"x36" sheets.
- (1) Copy of all maps (maps no larger than 11x17)
- Work in TXDOT ROW? TXDOT Permit # _____

All three pages must be complete with applicant's signature and date before permit will be approved.
Questions regarding permits, please call 903-482-5426.

48 hour prior to commencing work the contractor shall contact:

- The City Engineers' Office at 469-209-6523
- The Public Works Office at 903-482-5426

Note: Traffic and water locates are done on an incremental basis and no work will be permitted until all locates are marked in the field.

- Contact the TXDOT Sherman Area Office at 903-892-6529 (48 Hours) prior to working within 500' of a signalized intersection.
- This permit will become null and void if construction has not begun within 30 days.
- All utility locate markings shall be removed before completion of the project.
- The construction permit must remain on project site when work is being performed.
- Typical review time is 10 business days. Please check the box to expedite review time (5 days). Additional fees apply.

I have read and understand the City of Van Alstyne standards for Right-of-Way easement construction.

Applicant _____	Date _____	City Approval _____	Date _____
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Fee Calculation (To be calculated by the Right-of-Way Manager)

- Permit Application Fee \$100.00 _____
- Expedited Application Fee \$250.00 _____
- Saturday Inspection Fee (each Saturday) \$200.00 _____
- Permit Expiration Fee (each permit for incomplete work on expiration date if not extended) \$30.00 _____
- Electronic Maps Submittal Fee (per hour of labor necessitated by hard copy submittal in lieu of electronic format - 2 hour minimum) \$80.00 _____
- Registration per Right-of-Way User per Year \$50.00 _____
- Inspection Fee \$1.00/foot _____
- Traffic Lane Fee (per day) \$1000.00 _____
- Public Inconvenience Penalty see below _____

Type of Facility	Unit of Cost	Penalty Per Day			
		31-75 Days	76-90 Days	90-100 Days	>100 Days
Sidewalk	Per Square Foot	\$0.0026	\$0.0052	\$0.0078	\$0.0104
Driveway	Per Each	\$39.00	\$78.00	\$117.00	\$156.00

Public inconvenience penalties are assessed and calculated from the date of expiration of the permit until the date of completion of work or repair or of final backfill if turned over to the department for repair. This penalty shall not exceed and is capped by statutory limits.

Total Fee _____

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Liability and Responsibility as to Damage to Public Rights-of-Way

The facility owner, contractor, and sub-contractor acknowledge by their signatures below that they have read and understand City of Van Alstyne Ordinance No. 770 which concerns construction in the rights-of-way and agree to be bound by those provisions, including indemnity provisions, or if they are a Public Utility Commission Certificated Telecommunications Provider, they acknowledge and agree to bound by the indemnity provision of the Local Government code, 283.057. The facility owner acknowledges that it is responsible and liable for its agents, contractors, and subcontractors.

Such liability generally includes, but is not limited to, reimbursement for all damage to City property, repair and replacement of City property to the same condition it was prior to the construction in the right-of-way work being performed. Such reimbursement may also include, if applicable, additional cost to the City for City personnel responding to emergency situations where roadbeds, water lines, telecommunication lines, electric lines, or other utilities have been damaged as a result of the construction work by the facility owner, contractor, or sub-contractor. Such additional cost may include any additional staff cost incurred by the City other than routine staff duties.

All information must be completed before submitting permit:

Facility Owner

Company Name: _____

By (Authorized Representative): _____

Title: _____

Date: _____

Phone Number: _____

Contractor

Company Name: _____

By (Authorized Representative): _____

Title: _____

Date: _____

Phone Number: _____

Sub-Contractor

Company Name: _____

By (Authorized Representative): _____

Title: _____

Date: _____

Phone Number: _____