RIGHT-OF-WAY EXCAVATION
AND
REVOCABLE ENCROACHMENT AND UTILITY CONNECT PERMIT APPLICATION

360 Main Street ● Delta, Colorado 81416 ● Phone (970) 874-7903 ● Fax (970) 874-6931 ● Website: www.cityofdelta.net
FOR MORE INFORMATION CONTACT OUR PUBLIC WORKS DEPARTMENT: PH (970) 874-7901, Steve Glammeyer, Director

Date: _____

AFTER YOU RECEIVE YOUR PERMIT YOU MUST CALL (970) 874-7566 ext 216 48 HOURS BEFORE YOU COMMENCE ANY ACTION ALLOWED WITH THIS PERMIT.. BEFORE you backfill any excavations, call (970)874-7903 to schedule Public Works to be on site during backfilling and compaction.

In the event of an Emergency Permit approval is necessary after hours, weekends or holidays, email completed permit to Ellen@cityofdelta.net and call 970-402-7938 once permit is submitted. Permit location will be inspected during the next business day and payment will be expected.

The City of Delta hereby grants a revocable permit to the Permittee in accordance with the provisions of this Permit to do the following:

[ ] Excavation as shown on Exhibit " A" (draw sketch on back)*
[ ] Installation, operation and maintenance of an encroachment as described on Exhibit " A"
[ ] Use of City power poles as described on Exhibit " A"
[ ] Connection to City utility as shown on Exhibit " A"

Location of project (address):_____*

Start date/time:_____End date/time_____*

PROJECT MUST BE STARTED WITHIN 30 DAYS OF THE ABOVE DATE OR PERMIT WILL EXPIRE.

Purpose of excavation:_____*

< < A TRAFFIC CONTROL PLAN WILL BE REQUIRED FOR ANY WORK THAT WILL BE DONE ON ANY ROAD THAT MAY IMPACT TRAFFIC OR PEDESTRIAN TRAVEL> >

***PERMITTEE:**

Name_____

Address_____

Telephone Number_____

***CONTRACTOR:**

Name_____

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Address_____

Telephone Number_____

I have read and understand all 1-23 items listed on the terms and conditions deemed for the issuance of an Excavation Right-of-Way Permit by the City of Delta. By signing below I certify the above statement to be true, that I have received a copy of the terms and conditions, and I agree to comply with all terms and conditions on this permit.

*** CONTRACTOR:** **OR** *** PERMITTEE:**

By_____ By_____

Date_____ Date_____

Approved by the City of Delta

City Manager or Appointed Official*

By_____ Date_____

(CITY USE ONLY)\

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PUBLIC WORKS DEPARTMENT