

CITY OF HAYWARD

APPLICATIONS/PERMIT to CONSTRUCT OPERATE
and MAINTAIN UTILITIES WITHIN HIGHWAY
RIGHT-OF-WAY

Applicant/Company: _____
Address: _____

Office Phone: _____
Local Phone & Pager: _____
Plans Prepared by: _____
Preparer's Phone: _____

Location Information

Highway(s): _____

Address or Street _____

Additional Information

Utility Work Order #: _____

Feet to nearest Intersection: _____

Direction of nearest Intersection: _____

DESCRIPTION OF PROPOSED WORK (check and fill out all that apply)

UTILITY TYPE: Electric Gas/petroleum Communications Water Sewer Private Line Transmission
 Distribution Service *Facility Size/Capacity* _____
(Diameter, # Fibers, psi, Kv, ect.)

ORIENTATION: Overhead Underground Parallel to Hwy centerline Hwy Crossing Tunnel

WORK TYPE: New Construction Improve/repair existing Maintenance Removal Abandon in place

CONSTRUCTION METHOD(s): Plow Trench Bore Suspend of poles/tower Open cut hwy Cased
 Tree cutting/removal Chemical treatment of trees/brush
Erosion Control Designation: Major Minor

Provide additional narrative if needed: _____

NAME AND PHONE NUMBER OF UTILITY REPRESENTATIVE
RESPONSIBLE FOR CONSTRUCTION: _____

Estimate Starting Date: _____ Estimate Completion/Restoration Date: _____

The application understands and agrees that the permitted work shall comply with all permit provisions and conditions of the Utility Accommodations Policy of the above-names county in effect at the time of this application, and with any special provisions listed below or attached hereto, and any and all plans, details, or notes attached hereto and made a part thereof.

By: _____
Signature of Applicant/ Authorized Representative Title Date

Typed/Printed Name of Person Signing Above or Electronic Signature Code

Authorized Applicant Company Representative Telephone Number

*** Removal of any curb & gutter, sidewalk, or blacktop must be approved by Public Works Director or his designee**

DO NOT WRITE BELOW THIS LINE

PERMIT APPROVAL BY PERMITTING AUTHORITY

The foregoing application in hereby approved and permit issued by the permitting Authority subject to full compliance by the Applicant with all provisions and conditions stated in the Utility Accommodations Policy of the above-named county including the Indemnification as included in 96.03 of the WCHA Utility Accommodation Policy in effect on the date of this application.

Supplemental Provisions Attached Yes No

By: _____
Authorized Representative for City

Date Issued: _____

Permit Number: _____

Title

Date