CITY OF STAFFORD, TEXAS

Construction in Right-of-Way
Application/ Permit

Owner of Improvements _____

Address of Owner _____

City_____State_____Zip _____

Owner's Representative _____

Office Phone _____ Cell Phone _____

Fax_____Email _____

Contractor _____

Street Address _____

City _____ State _____ Zip _____

Person in Charge _____

Office Phone _____ Cell Phone _____

Liability Insurance _____

Policy Number _____

Nearest Address of Construction _____

Location of Construction _____

Reason for Construction _____

Date/Time of Construction _____

Traffic Control Plan Completed By: _____

Owner's Representative:

Printed Name_____ Date _____

Signature_____

Approval Information by City:

Approved By:_____ Date _____

YELLOW COPY OF PERMIT MUST REMAIN ON SITE FOR INSPECTION PURPOSES

***Please call Public Works @281-261-3920 24 hrs. *before* work will begin.**