



City of Stafford

2610 South Main
Office Number (281) 261-3940

Stafford, Texas 77477
Fax Number (281) 261-3939

Public Works Department Right of Way Permit Application

Please fill out information completely.

Applications can be emailed to:
ROW@Staffordtx.gov

REQUIRED WITH SUBMITTAL

Application filled out and signed
 Owner letter authorizing applicant to apply and do work on their behalf
 Set of Plans with Traffic Control Plan
 Letter of approval from Utility Company or Property Owner (if applicable)
 Contractor Registration
 Liability Insurance for \$500,000.00
 Bond/Letter of Credit for min. \$50,000.00 (for appropriate bond language, see ORD-1445, SEC.78-197)
 Construction Permit
 Encroachment Agreement (if applicable)

SECTION 1 - APPLICANT INFORMATION

| | | | |
|-------------------------------------|--------|------------------|-------------|
| Facility/Utility Owner: | | Date: | |
| Address: | | City: | State: Zip: |
| Phone: | Email: | | |
| Applicant: | | Name of Company: | |
| Phone: | Email: | | |
| Contractor Performing Work: | | Name of Company: | |
| Phone: | Email: | | |
| Emergency Contact 1: | | Phone: | |
| Emergency Contact 2: | | Phone: | |
| Signature on page 3-Required | | | |

SECTION 2 – SCOPE OF WORK

| | | | |
|---|--------------|------------------------------|--------------------------|
| Work to be completed: | Installation | Modification | Replacement/Repair |
| Type of Facilities associated with this permit | | | |
| Access Line | Gas Line | Water Line | Landscaping / Irrigation |
| Project Start Date: | | Approximate Completion Date: | |
| Site Address: | | | |
| Longitude and Latitude: | | Valuation of Work: | |
| Summary of Work: (Include closest cross street) | | | |
| | | | |
| Is the proposed work in any of these locations? : | | | |
| Highway Right-of-way | | School | |
| Historic/Design Area | | Residential area | |
| Park | | Underground area | |

| | |
|------------------------|---------------|
| Permit Fee | Amount |
| 1.5% of estimated work | \$ _____ |

| | |
|--|---|
| <p>THIS IS TO CERTIFY THAT I, AS THE APPLICANT, CERTIFY THAT ALL OF THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE. I ACKNOWLEDGE THAT IF THE ABOVE INFORMATION IS FOUND TO BE INCORRECT, THE APPLICANT SHALL BE REQUIRED TO MODIFY ITS FACILITIES TO COMPLY WITH ANY ADDITIONAL REQUIREMENTS OF A LOCATION. THE APPLICANT SHALL BEAR ALL EXPENSES AND LIABILITY FOR THESE MODIFICATIONS</p> <p>UNLESS OTHERWISE PRECLUDED BY LAW, \$200 FOR ANY OTHER RIGHT-OF-WAY CONSTRUCTION PERMIT</p> <p>AS BUILT REQUIRED UPON WORK COMPLETION FOR BOND RELEASE</p> | <hr/> <p>Name (printed)</p> <hr/> <p>Title</p> <hr/> <p>Signature Date</p> |
|--|---|

| FOR OFFICE USE ONLY | | |
|---|--------------------------------|---------------------------------|
| | | |
| 1 ST SUBMITTAL DATE | 2 ND SUBMITTAL DATE | 3 RD SUBMITTAL DATE |
| | | |
| PICK-UP DATE/NAME | PICK-UP DATE/NAME | PICK-UP DATE/NAME |
| <input type="checkbox"/> Approved | | <input type="checkbox"/> Denied |
| Comments by Reviewer: _____ _____ _____ | | |