



201 N. Ector Dr. Euless, TX 76039
 Phone: 817-685-1694
 Fax: 817-685-1617
 email: dlatour@eulesstx.gov

Date:	ROW PERMIT APPLICATION	Permit #:
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Type of Utility: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Cable <input type="checkbox"/> Water/Sewer <input type="checkbox"/> Other	Job Address: _____	Suite #
Type of Work (check all that apply): <input type="checkbox"/> New Construction <input type="checkbox"/> Repair <input type="checkbox"/> Gas Leak <input type="checkbox"/> Reinstallation <input type="checkbox"/> Demo <input type="checkbox"/> Pedestals/Transformers or Other <input type="checkbox"/> Above Ground Facility <input type="checkbox"/> Open Cut <input type="checkbox"/> Directional Bore <input type="checkbox"/> New Conduit <input type="checkbox"/> Existing Conduit <input type="checkbox"/> Pavement Cut		Total Lin. Ft.

Description of Work:

Proposed Date to Begin Construction: _____	Proposed Date to End Construction: _____
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Facility Owner/Utility Name: _____	Address: _____	City: _____	ZIP: _____
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Contact Person: _____	Office #: _____	Cell #: _____	Email: _____
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Contractor Name: _____	Address: _____	City: _____	ZIP: _____
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Contact Person: _____	Office #: _____	Cell #: _____	Email: _____
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I have read the completed application and know the same is true and correct and hereby agree that if a permit is issued all provisions of the City Ordinances, Adopted Codes and State Laws will be complied with whether herein specified or not. I agree to comply with all property restrictions. I am the owner of the property or his duly authorized agent.

Applicant does hereby indemnify and forever hold harmless the City of Euless, Texas, against each and every claim, demand or cause of action that may be made or come against it by reason of or in any way arising out of the closing, blocking, excavation, cutting, tunneling, boring or other work by the applicant, applicant's employees, agents and contractors.

Applicant does hereby indemnify and forever hold harmless the City of Euless, Texas, against any and all negligent acts, errors or omissions of the applicant's employees, and contractors.

PRINT NAME: _____	SIGNATURE: _____
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CONTACT PHONE: _____

Applicant shall:

1. Provide a copy of any permit or approval issued by federal or state authorities for work in federal or state right-of-way located in the City of Euless.
2. Provide two (2) sets of proposed construction plans with a completed and signed Application for Construction Permit attached to each set.
3. Call Public Works Dept. at 817-781-9932 at least 48 hours before starting work and 24 hours prior to completing work.
4. Be responsible for all line locates, utilize MUTCD standards for lane closures, restore work area to as good or better condition, mechanically compact all trenches.
5. Call Public Works Department at 817-685-1580 to schedule locates for water and sewer utilities.
6. Comply with all the provisions of Ordinance No. 1371.
7. **Provide proof of insurance and bonds as required by Ordinance No. 1371.**

FOR OFFICE USE ONLY

Approved By: _____	Date: _____	Notified contractor permit ready: _____
48 Hours Notice Date: _____		24 Hours Before Completion Notice Date: _____
Inspector Name: _____		Inspector Approval Date: _____

Form Updated 06/2016