

**CITY OF NAPA VINE**  
**DEPARTMENT OF PUBLIC WORKS**  
**APPLICATION FOR STREET/ROW USE PERMIT**  
(A pertains to 8:07 of State Constitution and Uniform Street Standards adopted by Public Works)

Permit Fee \$25

Date: \_\_\_\_\_

\*\*\*\*DEPARTMENTAL USE ONLY\*\*\*\*  
Permit No: \_\_\_\_\_

Applicant: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

Applicant's Phone: \_\_\_\_\_

Location of Proposed Use of Street/ROW: \_\_\_\_\_

Length of Time Requested: \_\_\_\_\_

Proposed Start Date: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Description of Use of Street/ROW: \_\_\_\_\_

Additional Services required of city: (example, barricades, street washing, striping, policing etc.) \_\_\_\_\_

Responsible contact person: \_\_\_\_\_

**ANSWER THE FOLLOWING BY CIRCLING (Y)es OR (N)o**

Y/N Will use of the street/ROW involve occupancy of any street or travel way, result in interference to any traffic or pedestrian flow, require interruption or re-routing of any vehicular or pedestrian traffic, or have any other influence on any traffic?

**Note: If YES,** a traffic control plan is required and must be submitted for approval.

Y/N Will the use of the street/ROW cause any damage to the street/ROW?

**Note: If Yes,** submit proposal to cover the damage.

Y/N Is this a fund raising or commercial event:

**Note: If Yes,** submit intent of use of funds.

**APPLICANT INFORMATION**

Organization/Individual Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ (Attach proof of Insurance)

Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\*\*\*\*\*FOR CITY USE ONLY\*\*\*\*\*

Staff Recommendations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Council Action: Granted: \_\_\_\_\_ Denied: \_\_\_\_\_

Date of Minute entry: \_\_\_\_\_

Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fees or charges imposed: \_\_\_\_\_

Other requirements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERMIT**

Subject to all the terms, conditions, and provisions written or printed on, or attached to, this form, permission is hereby granted to the above applicant to use the street/ROW as listed above. THIS PERMIT SHALL BE IN EFFECT ONLY FOR THE TIME SPECIFIED ABOVE. PROOF OF INSURANCE MUST BE ATTACHED.

Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Inspection of street/ROW after use: \_\_\_\_\_ Date: \_\_\_\_\_