



Right of Way/Street Use Application

Applicant: _____ Phone #: _____
Name of Organization: _____ Email: _____
Mailing Address: _____
Federal Tax ID#: _____ Insurance Company: _____
Contact Person: _____ Phone #: _____ Email: _____

Location of Proposed Right of Way or Street Use: _____
Description of use: _____
Start Date: _____ End Date: _____ Hours of Operation: _____
Services required of City: (Ex. Barricades, Street Washing, Striping, Police, etc.) _____

Please Include Site Plan for work in Right of Way and/or Map of Streets being used. Include proof of Insurance.

- Will the use of Right of Way/Street result in interference to any traffic or pedestrian flow...
Will the use of Right of Way/Street cause any damage to the Right of Way/Street?
Is this a fund raising or commercial event?

Applicant Signature _____ Date _____

For City Use Only
Council Approval Required _____ Yes _____ No Fees and Charges \$_____
Public Works Recommendations: _____
Presented to Council on _____ Council Action: _____ Granted _____ Denied
Council Comments, Conditions and Requirements: _____

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 Right of Way/Street as listed above. THIS PERMIT SHALL BE IN EFFECT ONLY FOR THE TIME SPECIFIED ABOVE. PROOF OF INSURANCE MUST BE ATTACHED.

City Officials Signature: _____ Date: _____ Expiration Date: _____
Inspection of Right of Way/Street after Use: _____ Date: _____

Date Received: _____ Received By: _____ Permit Number: _____