

RIGHT-OF-WAY CONSTRUCTION PERMIT APPLICATION FORM

**CITY OF MARATHON, FLORIDA
BUILDING DEPARTMENT**

10045-55 Overseas Highway
Marathon, Florida 33050
Telephone No. (305) 743-0033
Fax No. (305) 743-3667
<http://www.ci.marathon.fl.us/>

OBSTRUCTION _____ **EXCAVATION** _____

Project Location

(Street, property address or legal, or distance and direction from nearest public street intersection)

ROW Permit #: _____
Approved By: _____
Issue Date: _____
Void After: _____
Field Review Required: _____

Contractor/Applicant

**** 24 Hr. Emergency Contact Number:**

Name of Contractor: _____	Contact Person: _____
Bond Holder ID: _____	Phone: _____ Fax: _____

Nature of Work

Indicate below items to be affected/disturbed:

- | | |
|---|---|
| <input type="checkbox"/> Curb & Gutter | <input type="checkbox"/> Street Surface |
| <input type="checkbox"/> Trail/Sidewalk | <input type="checkbox"/> Trees |
| <input type="checkbox"/> Pond/Wetlands | <input type="checkbox"/> Public Utilities (sewer, water) |
| <input type="checkbox"/> Traffic Control Device/Signs | <input type="checkbox"/> Private Utilities (elec., gas, comm., etc.) ¹ |
| <input type="checkbox"/> Drainage | <input type="checkbox"/> Established Turf |
| <input type="checkbox"/> Structure/Building | <input type="checkbox"/> Other _____ |

¹ Franchise agreement may be required

Indicate method of construction: _____

EXCAVATION:

Bore: Length _____ (ft)

Trench Excavation: Length _____ (ft) Width _____ (ft) Depth _____ (ft)

Utility Pole/Post: Depth _____ (ft)

Excavation below Road Bed: Length _____ (ft) Width _____ (ft) Depth _____ (ft)

Other: _____

ADDITIONAL DOCUMENTATION: APPLICANT WILL PROVIDE FOR REVIEW AND APPROVAL SCALED DRAWINGS OF THE PROJECT INCLUDING, BUT NOT LIMITED TO; PLAN, PROFILE AND CROSS-SECTIONS FOR ALL EXCAVATION AND PLACEMENT OF ALL PROPOSED OBSTRUCTIONS. IN THE EVENT THAT VEHICLE TRAFFIC WILL BE AFFECTED BY THE CONSTRUCTION, PROVIDE A DETAILED TRAFFIC CONTROL PLAN MEETING THE STANDARDS AS OUTLINED IN THE FDOT STANDARDS FOR TRAFFIC CONTROL IN A CONSTRUCTION AREA INCLUDING DATES OF ROAD CLOSURES IF APPLICABLE. ALL DOCUMENTS MUST BE PROVIDED AT THE TIME OF PERMIT SUBMITTAL.

ADDITIONAL INSTRUCTIONS: THE BUILDING DEPARTMENT SHALL BE NOTIFIED IN WRITING AT LEAST 3 WORKING DAYS IN ADVANCE OF ANY APPROVED DETOUR BEING ESTABLISHED, CHANGED OR DISCONTINUED. PERMITEE WILL LOOSE ALL RIGHTS UNDER THIS PERMIT IF WORK IS NOT BEGUN WITHIN 30 DAYS OF ISSUANCE. ALL WORK UNDER THIS PERMIT MUST BE COMPLETED WITHIN 180 DAYS OF ISSUANCE UNLESS OTHERWISE INDICATED BY THIS DOCUMENT.

Project Start Date: _____ **Project Completion Date:** _____

THE UNDERSIGNED ACCEPTS THE TERMS AND CONDITIONS OF THIS PERMIT BY THE CITY OF MARATHON AS HEREIN CONTAINED AND AGREES TO FULLY COMPLY THEREWITH TO THE SATISFACTION OF THE CITY OF MARATHON. THE UNDERSIGNED ALSO DECLARES THAT HE/SHE HAS READ, UNDERSTANDS, AND WILL COMPLY WITH ALL RELEVANT CITY ORDINANCES AND ALL RIGHT-OF-WAY REGULATIONS AS STATED IN THE FOLLOWING PAGES. A CERTIFICATE OF INSURANCE OR SELF INSURANCE VERIFYING COVERAGE HAS BEEN PROVIDED TO THE CITY OF MARATHON. (THE CITY OF MARATHON TO BE NAMED AS AN ADDITIONAL INSURED)

Applicant Signature: _____ Title: _____ Date: _____