

APPLICATION TO WORK WITHIN THE RIGHT-OF-WAY

APPLICATION MUST BE FULLY COMPLETED, INCLUDING REQUIRED PLANS, PRIOR TO CONSIDERATION. FIVE (5) BUSINESS DAYS ARE REQUIRED FOR PROCESSING.

The purpose of the application and permit is for the Applicant/Permitee to provide proof of financial resources sufficient to provide for the restoration and repair of the affected public right-of-way. In processing the application, and in granting the permit, El Paso County does not express or imply that the property in question is public right-of-way. Furthermore, in processing the application or in granting the permit, El Paso County does not warrant or represent that the property in question is public right-of-way. It shall be the Applicant's/Permitee's sole and exclusive responsibility to acquire any and all property and/or contractual rights to perform work in any property that is not public right-of-way. El Paso County is not responsible or liable for any entry into or use of property that is not public right-of-way.

THE FOLLOWING PLANS MUST ACCOMPANY THE APPLICATION

PERMIT # _____

One (1) set of construction plans; Two (2) sets of traffic control plans or an acceptable alternative.

DATE OF APPLICATION: _____ DATE TO BEGIN: _____ DATE OF COMPLETION: _____

NAME OF APPLICANT: _____ COMPANY: _____

TELEPHONE: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

WORK BEING PERFORMED FOR: _____

PARTY RESPONSIBLE FOR PERMIT FEE: _____

BOND AND INSURANCE ON FILE WITH EL PASO COUNTY DEPARTMENT OF TRANSPORTATION: YES NO

ROAD REPAIRS BY: _____

THIS APPLICATION IS MADE TO WORK IN PUBLIC RIGHT-OF-WAY/EASEMENT

FOR THE PURPOSE OF (Check all that apply): INSTALLING REPAIRING REMOVING REPLACING

CURB/GUTTER SIDEWALK ELECTRIC GAS TELEPHONE WATER WASTEWATER

OTHER _____

REMARKS: _____

WORK IN R.O.W.

Please indicate the name of roads to be cut, the location, and dimensions of the cut. **If the dimensions of the actual cut exceed those approved in the permit, additional degradation fees will be assessed.**

Road #1: _____ Bore Cut Dimensions of Cut: _____ feet in Width/ _____ feet in length

Location (mile marker or nearest intersecting-street) _____

Surface Type (Check all that apply) HMA Low Grade Paving Gravel Shoulder/Ditch

Road #2: _____ Bore Cut Dimensions of Cut: _____ feet in Width/ _____ feet in length

Location (mile marker or nearest intersecting-street) _____

Surface Type (Check all that apply) HMA Low Grade Paving Gravel Shoulder/Ditch

Road #3: _____ Bore Cut Dimensions of Cut: _____ feet in Width/ _____ feet in length

Location (mile marker or nearest intersecting-street) _____

Surface Type (Check all that apply) HMA Low Grade Paving Gravel Shoulder/Ditch

Road #4: _____ Bore Cut Dimensions of Cut: _____ feet in Width/ _____ feet in length

Location (mile marker or nearest intersecting-street) _____

Surface Type (Check all that apply) HMA Low Grade Paving Gravel Shoulder/Ditch

Please list any additional road on separate sheet.

ROAD AND LANE CLOSURES

Please indicate the location, number of days, hours of daily occupancy by applicant's activities/closure, and work zone length for each type of facility impacted by the proposed work. **Note if a traffic control plan is not provided indicating work zone length the work zone will be assumed to extend 200 feet either side of the work area associated with a tap on a local street, 500 feet in both directions from a work area on a local street, 1000 feet in both directions from the work area on a collector, and 1500 feet in both directions from the work area on an arterial street.** By limiting work to specific hours and limiting the time work is performed/closures are in place in the right-of-way during peak hours (6:30-9:00 am and 3:30-6:30 pm), disruption fees may be reduced. **If hours are not provided, fees will be charged for the entire 24 hour period.**

Roads

Road #1: _____ (1st Direction of Travel) Posted Speed Limit? _____

Work in parking lane/shoulder between edge of pavement and edge of right-of way required? Yes No

No. of Days _____ Time Area will be Occupied/Closed Daily {ie: 9:00 a.m. - 4:00 p.m.} _____

Work Zone Length in Feet (Distance from cone to cone) _____

Work in 1st Travel Lane? Yes No

No. of Days _____ Time Area will be Occupied/Closed Daily _____

Work Zone Length in Feet (Distance from cone to cone) _____

Work in 2nd Travel Lane? Yes No

No. of Days _____ Time Area will be Occupied/Closed Daily _____

Work Zone Length in Feet (Distance from cone to cone) _____

Work in 3rd Travel Lane? Yes No

No. of Days _____ Time Area will be Occupied Daily _____

Work Zone Length in Feet (Distance from cone to cone) _____

Detour Required? Yes No

No. of Days _____ Time Detour will be in Place Daily _____

Length of Detour Route _____

Road #1: _____ (2nd Direction of Travel) Posted Speed Limit? _____

Work in parking lane/shoulder between edge of pavement and edge of right-of way required? Yes No

No. of Days _____ Time Area will be Occupied Daily _____

Work Zone Length in Feet (Distance from cone to cone) _____

Work in 1st Travel Lane? Yes No

No. of Days _____ Time Area will be Occupied Daily _____

Work Zone Length in Feet (Distance from cone to cone) _____

Work in 2nd Travel Lane? Yes No

No. of Days _____ Time Area will be Occupied Daily _____

Work Zone Length in Feet (Distance from cone to cone) _____

Work in 3rd Travel Lane? Yes No

No. of Days _____ Time Area will be Occupied Daily _____

Work Zone Length in Feet (Distance from cone to cone) _____

Detour Required? Yes No

No. of Days _____ Time Detour will be in Place Daily _____

Length of Detour Route _____

Road #2: _____ (1st Direction of Travel) Posted Speed Limit? _____

Work in parking lane/shoulder between edge of pavement and edge of right-of way required? Yes No

No. of Days _____ Time Area will be Occupied Daily _____

Work Zone Length in Feet (Distance from cone to cone) _____

Work in 1st Travel Lane? Yes No

No. of Days _____ Time Area will be Occupied Daily _____

Work Zone Length in Feet (Distance from cone to cone) _____

Work in 2nd Travel Lane? Yes No

No. of Days _____ Time Area will be Occupied Daily _____

Work Zone Length in Feet (Distance from cone to cone) _____

Work in 3rd Travel Lane? Yes No

No. of Days _____ Time Area will be Occupied Daily _____

Work Zone Length in Feet (Distance from cone to cone) _____

Detour Required? Yes No

No. of Days _____ Time Detour will be in Place Daily _____

Length of Detour Route _____

Road #2: _____ (2nd Direction of Travel) Posted Speed Limit? _____

Work in parking lane/shoulder between edge of pavement and edge of right-of way required? Yes No

No. of Days _____ Time Area will be Occupied Daily _____
Work Zone Length in Feet (Distance from cone to cone) _____

Work in 1st Travel Lane? Yes No

No. of Days _____ Time Area will be Occupied Daily _____
Work Zone Length in Feet (Distance from cone to cone) _____

Work in 2nd Travel Lane? Yes No

No. of Days _____ Time Area will be Occupied Daily _____
Work Zone Length in Feet (Distance from cone to cone) _____

Work in 3rd Travel Lane? Yes No

No. of Days _____ Time Area will be Occupied Daily _____
Work Zone Length in Feet (Distance from cone to cone) _____

Detour Required? Yes No

No. of Days _____ Time Detour will be in Place Daily _____
Length of Detour Route _____

Alleys

Alley Name: _____

No. of Days _____ Time Alley will be Occupied Daily _____

Sidewalk

Location of Sidewalk #1 (Adjacent Road Name and Mile Markers): _____

No. of Days Sidewalk will be Closed _____

Location of Sidewalk #2 (Adjacent Road Name and Mile Markers): _____

No. of Days Sidewalk will be Closed _____

Please list any additional roads, alleys and sidewalks affected by work zones or closures on separate sheet or specifically within the traffic control plan.

NOTICE: ROAD CLOSURE WILL NOT BE PERMITTED UNLESS ALL OTHER METHODS OF INSTALLATION HAVE BEEN DETERMINED UNFEASIBLE. ALL UNDERGROUND UTILITY INSTALLATIONS ARE TO BE A 30-INCH MINIMUM DEPTH. ALL OVERHEAD UTILITY INSTALLATIONS ARE TO BE AT A 19-FOOT MINIMUM HEIGHT. TRAFFIC CONTROL, INCLUDING DETOUR-ROUTING, MUST COMPLY WITH THE CURRENT ISSUE OF MANUAL ON UNIFORM TRAFFIC CONTROL DEVICES. UTILITIES OR OTHER FACILITIES INSTALLED UNDER THIS APPLICATION ARE SUBJECT TO RELOCATION, ADJUSTMENT AND MODIFICATION AT THE OWNER'S EXPENSE IN THE EVENT EL PASO COUNTY DETERMINES SUCH IS NECESSARY IN ORDER TO PERFORM ROAD, BRIDGE OR DRAINAGE REPAIRS, MODIFICATIONS, OR IMPROVEMENTS.

*******EL PASO COUNTY USE ONLY BELOW THIS LINE*******

- REGRAVEL FLOWABLE FILL RESTORE/RESEED OVERLAY SELECT BACKFILL COMPACTION TEST BORE
- COLD MIX PATCH IMMEDIATELY HOT MIX PATCH WITHIN 7 DAYS, 4" MINIMUM OR MATCH EXISTING DEPTH, WHICHEVER IS GREATER
- REMOVE ALL LOCATE FLAGS ASSOCIATED WITH THE JOB.

REMARKS: _____

Inspection supervisor: _____ Date: _____

Traffic Engineer: _____ Date: _____

El Paso County Engineering Manager: _____ Date: _____

Permit Fees

Application Fee _____
 Degradation Fee _____
 Disruption Fee _____
 Mapping Fee _____
 Investigation Fee _____
Total Fee _____

Supplemental Fees (Where work does not conform to permit)

Degradation Fee _____
 Disruption Fee _____
 Reinspection Fee _____
 Investigation Fee _____

Revised 05/17/10