

Metro Area Right Of Way Application for Work

City: Ankeny

Date of Application: _____

APPLICANT INFORMATION

Applicant Name: _____ Applicant Phone: _____ Applicant FAX: _____

Applicant Address: _____ Applicant Email: _____

FACILITY OWNER INFORMATION Check if same as applicant

Facility Owner Name: _____ Facility Owner Phone: _____

Facility Owner Address: _____ Facility Owner Email: _____

CONTRACTOR INFORMATION

Contractor (Person performing the work): _____ License Number: _____

Contractor Address: _____ Contractor Phone: _____

Contractor Email: _____

Person in Charge of Job (name): _____ 24 hr Phone #: _____

Does the contractor have a bond on file with the city? Yes No If no please attach copy

PROJECT INFORMATION WORK ORDER # _____

Construction Type: Sewer Pavement Gas Water Telecommunications Electric
 Trees Sidewalks Driveway Approach Other _____

Description of work to be performed:

Start Date: _____ Approximate Completion Date: _____

REQUIRED ATTACHMENTS

- Bond (if not on file with city)
- Construction Documents i.e. drawings, traffic control, GIS Plans, etc
- Please check the city code for comprehensive list of required attachments
- Payment – see <http://www.capitalcrossroadsvision.com/row/>

INDEMNIFICATION: Please read the following city code for indemnification requirements- <http://www.capitalcrossroadsvision.com/row/>

- I have read, agreed and completed the indemnification requirements.

24 HR Notification required before starting work-please call permitting jurisdiction-see <http://www.capitalcrossroadsvision.com/row/>

Contractor Signature: _____ Date: _____

Facility Owner Signature: _____ Date: _____

CITY USE ONLY:

Date submitted: _____

Permit # (if applicable) _____

Approval Granted By: _____

Received By: _____

Form of Payment Cash Check CC

Permit Valid Until _____

Remarks:

