

**TOWN of SNOWMASS VILLAGE**

**PERMIT#** \_\_\_\_\_

**RIGHT-OF-WAY WORK PERMIT**

**Public Works Road**

**P.O. Box 5010, 3745 Owl Creek Road, Snowmass Village, CO 81615**

**970-923-5110 FAX 970-923-3794**

**GENERAL INFORMATION**

MINIMUM 7 WORKING DAYS REQUIRED FOR APPROVAL

<b>Owner's name:</b>	<b>Contractor</b>
<b>Address</b>	<b>Address</b>
<b>City/state/zip</b>	<b>City/state/zip</b>
<b>Phone / FAX</b>	<b>Phone / FAX</b> <b>TOSV Contractor License #</b>
<b>Owner's Email</b>	<b>Emergency phone #</b>

**PROJECT INFORMATION**

<b>Work location:</b>  <b>ADDRESS</b>  <b>LOT</b> <b>SUBDIVISION</b>	<b>TYPE OF WORK:</b> Trencher      Boring      Open Cut
	<b>NEW WORK OR REPAIR WORK?</b> New      Repair
	<b>PURPOSE?</b> Water   Sewer   Gas   Electric   Phone   CATV
	<b>Other</b> _____
	<b>DEPTH</b> _____ <b>WIDTH</b> _____
<b>START DATE</b> <b>END DATE</b>	<b>LENGTH OF PROJECT</b>

**SURFACE IMPROVEMENTS**

<b>Asphalt roadway</b> _____ Long x _____ wide= _____ (SF)	<b>Gravel roadway</b> _____ Long x _____ wide= _____ (SF)	<b>Concrete</b> _____ Long x _____ wide= _____ (SF)	<b>Driveway</b> Culvert length _____
---	--	--	---

**ATTACH COPIES OF THE FOLLOWING TO THIS DOCUMENT**

TRAFFIC CONTROL PLAN **Yes**      **No**      BUILDING PERMIT # \_\_\_\_\_  
 LANDSCAPING PLAN      **Yes**      **No**      ENGINEERS NAME \_\_\_\_\_  
 INSURANCE PROVIDED      **Yes**      **No**      DEVELOPMENT PLAN APPROVAL      Date \_\_\_\_\_  
 TRAFFIC CONTROL COMPANY \_\_\_\_\_ phone \_\_\_\_\_  
 NAME OF TRAFFIC CONTROL SUPERVISOR \_\_\_\_\_ phone \_\_\_\_\_  
 CONCRETE OR BACKFILL AND COMPACTION METHODS FOR LINEAR RUNS SHALL BE TESTED BY:  
 ENGINEER \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 TEST RESULTS SHALL BE FAXED TO THIS AGENCY WITHIN 24 HOURS, FOLLOWING CONSTRUCTION WORK.

**SPECIAL CONDITIONS REQUIREMENTS-OFFICE USE ONLY**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**Fee Structure:**

Right of Way Permit Fee:       **\$300.00**                   **PAID CHECK#** \_\_\_\_\_  
 Access Permit Fee:               **\$100.00**  
 Obstruction Permit Fee:       **\$100.00**  
 Total Permit Fee:               **\$** \_\_\_\_\_

**Right of Way Security Deposit: \$2,000.00 minimum deposit for 2 years.**

**Right of Way Security Deposit for Shallow utilities cuts of 30” or less in depth: \$20.00 per sq. ft. of asphalt cut equal or greater than \$2,000.00 minimum.**

**Right of Way Security Deposit for Deep utilities cuts of 30” or more in depth: \$30.00 per sq. ft. of Asphalt cut equal or greater than \$2,000.00 minimum.**

**Total \*Security Deposit: \$** \_\_\_\_\_

**\*Bonding equal to the cost of the work being completed can be used in place of security deposit.**

**\* Return of Security Deposits may be forfeited if not claimed after one past the two-year warranty period.**

**DIAGRAM OF WORK**

Please include a site plan/diagram of work with your completed, printed version of this form and submit to the Public Works Dept.

In accepting this Permit the undersigned, representing the Permittee, verifies that they have read and understands all of the foregoing provisions; that they have authority to sign for and bind the Permittee; and by virtue of their signature the Permittee is bound by and agrees to comply with all Town ordinances, standards and specifications regulating construction.

**CONTRACTOR**

**DATE**

**PERMIT APPROVAL BY**

**DATE**

CALL BEFORE YOU DIG 1-800-922-1987

Inspected By \_\_\_\_\_

Final inspection date \_\_\_\_\_

Security Deposit Released date \_\_\_\_\_