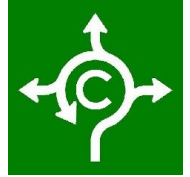




CITY OF CONWAY, AR

R.O.W. PERMIT



Name: _____ E-mail: _____

Address: _____ Phone #: _____

Hereby requests a permit to perform excavation work in street right of way at _____

for the purpose of: _____.

The work is proposed to commence on _____ (date) and is anticipated to be completed by _____ (date)

SUBMITTAL CHECKLIST:

(An answer must be provided for all items for request to be considered)

- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| 1. Detailed Work Plan (Required) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 2. Maintenance of Traffic Plan Sheets | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3. Detour Route Plan Sheets with Proper MUTCD Signage
(If Closing Street) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 4. Will Street Pavement or Curb be Cut? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

EXCAVATION AND STREET CLOSURE REQUIREMENTS:

The Permittee understands (Initial each on line provided)

_____ The requirements of City Ordinance O-23-94 and agrees to comply with all requirements established therein.

_____ **The City of Conway Standard Detail ST-3** and agrees that all pavement repair shall be completed in accordance with said standard.

The Permittee agrees to (Initial each on line provided)

_____ Pay to the City of Conway any penalties, fees, and/or costs incurred due to any failure to comply with all requirements established by City Ordinance or Standard Drawing, as is outlined in City Ordinance O-23-94.

_____ Keep a copy of this permit on the job site at all times for the duration of the proposed work in City Right of Way.
(Failure to do so will result in an immediate stoppage of work until permit can be furnished)

_____ Contact Dustin Worden at 501.764.6968 to coordinate inspection services as is required by this permit.

ADDITIONAL FEE REQUIREMENTS FOR STREET CUTS:

Street Cuts shall be billed at \$10.00/square foot. The minimum charge for any street cut over 5 square feet is \$500.00. For street cuts under 5 square feet, the charge is \$200.00. Except in the case of an emergency, streets paved within the past 5 years shall not be cut. In rare cases of a non-emergency situation where it is deemed necessary to cut a street less than 5 years old, the charges listed above are doubled. This fee shall be in addition to the permit fee. Pavement cut areas will be measured upon completion of the work, and a itemized invoice will be provided based on the total cut area as outlined above.

ADDITIONAL REQUIREMENTS FOR STREET CLOSURES:

The Permittee acknowledges that:

- The City may restrict street closure to certain hours of the day or night to avoid disrupting traffic during peak traffic hours.
- Reasonable access to private and commercial properties shall be maintained at all times unless approved by the city.
- All detour and advance warning signs shall be in place prior to the closure.
- An approved copy of this permit shall be kept on site at all times for the duration of the closure.

The permittee shall provide, along with this application, a detailed detour route plan complete with the proper barricades, road closure signs, and detour guide signs required by MUTCD standards and City of Conway Ordinance O-23-94.

UPON APPROVAL OF A STREET CLOSURE, THE PERMITTEE SHALL PROVIDE THE FIRE CHIEF AND THE POLICE CHIEF WITH THE APPROVED DETOUR PLAN FOR THEIR INFORMATION. THE PERMITTEE SHALL NOTIFY THE CONWAY POLICE DEPARTMENT AT LEAST ONE (1) HOUR PRIOR TO ANY CLOSURE AS WELL AS IMMEDIATELY FOLLOWING THE STREET RE-OPENING.

This permit application submitted _____ by _____
(Date) (Signed by party requesting permit)

Section below to be completed by City Engineer

This Permit Request is hereby:

☐ Denied due to _____

☐ Payment of Permit Fee (\$75.00) ☐ Invoiced ☐ Waived

☐ Approved and Permit # _____ is hereby issued to excavate in street R.O.W.

Authorized by _____ on _____
(Signature of City Engineer) (Date)

With the following additional Notes and/or Requirements: _____

☐ Work was completed on _____ and inspected by _____ on _____

☐ Repair inspected / accepted on _____ by _____