# CITY OF ALTAMONTE SPRINGS
# RIGHT OF WAY UTILIZATION PERMIT APPLICATION

*24 HOUR NOTICE IS REQUIRED PRIOR TO CONSTUCTION/INSPECTION*
*CONTACT 407-571-8345 FOR SCHEDULING.*

JOB NAME: _____

ADDRESS: _____

APPLICANT'S FIRM NAME: _____

ADDRESS: _____ PHONE #: _____

CONTACT NAME: _____ PHONE #: _____

DESCRIPTION OF WORK: _____

_____

SECTION: _____ TOWNSHIP: _____ RANGE: _____

Number and type of road crossings:
_____none _____ open cut (paved) _____ open cut (unpaved) _____bore/jack
_____Directional bore 2"

Letter of Notification has been sent to the following agencies on:
Date _____
(indicate name of agency)

Water _____ Electric _____
Sewer _____ Gas _____ ID# _____
Telephone _____ Other _____

*THIS PERMIT WILL EXPIRE FOUR (4) MONTHS FROM DATE OF ISSUANCE.*

Applicant's Signature: _____ Date: _____

Public Works Signature: _____ Date: _____

Comments:
_____
_____
_____