RIGHT-OF-WAY USE APPLICATION (required for all work in the Town-maintained ROW)

Town of Hope Mill
Public Works Department
publicworks@townofhopemills.com
910-429-3387

APPLICANT INFORMATION:
Name of Company:

Contact Name:

Address:

Telephone Number:

Email:

Contractor Information: (if contractor is applicant, note such and provide applicable contact info)

Contractor Name: _____ Telephone Number: _____

Subcontractor Name: _____ Telephone Number: _____

FROM TO

Project Address/Location: _____- _____
(provide location sketch)

(Complete as Applicable)

Reason for need to locate in Town public right-of-way: (i.e. Utility service, Video Services, fiber optic connectivity, local telephone service, natural gas service, electrical service, etc.)

_____
_____

Construction Activity general work description:

Excavation Area: Length_____ (FT) Width_____ (FT)

Pavement Cut: Length_____ (FT) Width_____ (FT)
(Includes benching perimeter)
Anticipated begin date: _____ Work duration: _____(days)

Construction plan or sketch submitted? Y N Material shop drawings submitted? Y N (attach)

Print Name: _____ Title: _____

Signature: _____ Date: _____

TOWN USE

Permit #:

Issue Date:

Permit Fees: $_____ **(None at this Time)**

Utility Pavement Cut Fees: $_____ (per Utility Pavement Cut Policy) **(None at this Time)**

Public Works restoration fee: $_____ (Does not apply if contractor restoring pavement) **(None at this Time)**

TOTAL FEES DUE: $_____

Preconstruction Meeting Required: Y / N

Traffic Control Approvals:

Traffic Control Plan: Y / N

Detour Plan: Y / N

Street Closure: Y / N

Permit Approval:

Public Works Department Signature: _____ Date: _____

Work Acceptance

Public Works Department Signature: _____ Date: _____

Permit Closed

Public Works Department Signature: _____ Date: _____

Project Notes: