

Right-Of-Way Permit Application

Development Services

146 W. McCart Krum, TX 76249

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Permit applications must be submitted in-person by the owner or their authorized agent.

Project Location: <i>(complete the following)</i>		
Street Address and/or Permit Vicinity:		
Type of Work: <i>(check the appropriate box)</i>		
<input type="checkbox"/> New Installation	<input type="checkbox"/> Repair/Replacement	
Type of Utility/Infrastructure Involved in Work: <i>(check the appropriate boxes)</i>		
<input type="checkbox"/> Water	<input type="checkbox"/> Gas	<input type="checkbox"/> Other (describe)
<input type="checkbox"/> Sanitary Sewer	<input type="checkbox"/> Electric	
<input type="checkbox"/> Storm Drainage	<input type="checkbox"/> Telephone	
<input type="checkbox"/> Street/Sidewalk/Curb & Gutter	<input type="checkbox"/> Cable TV	
Work Details: <i>(respond "yes" or "no" to each question)</i>		
Tunneling/boring required?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
Overhead or aerial service connection proposed?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
Street/sidewalk closure required?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
Is location of City utilities required?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
Dig Tess will be called to locate private utilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No*
Any work performed in TxDOT ROW?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
<i>* See staff for additional details/requirements.</i>		
Description of Work: <i>(describe work below)</i>		

Contractor: <i>(complete the following; registration may be required)</i>			
Company Name:		Email Address:	
Contact Person:		Phone / Cell #:	
Street Address:		Fax #:	
City, State, Zip Code:			
24-Hour Emergency Contact: <i>(complete the following)</i>			
Emergency Contact:		Phone / Cell #:	
		Email Address:	
Onsite Crew Leader / Superintendent: <i>(complete the following; onsite crew leader / superintendent must be able to communicate in English)</i>			
Contact Person:		Phone / Cell #:	
		Email Address:	
Items Required with Application: <i>(check the appropriate boxes to indicate items submitted with application)</i>			
<input type="checkbox"/> Application <i>(1 completed & signed original)</i>			
<input type="checkbox"/> Construction Plans <i>(2 sets of plans; maximum 11" x 17" in size; engineering seals may be required)</i>			
<input type="checkbox"/> Traffic Control Plan <i>(required only for street and/or sidewalk closures; 2 copies; maximum 11" x 17" in size); engineering seals may be required)</i>			
<input type="checkbox"/> Trench Safety Plan <i>(required only for underground work; 2 copies; maximum 11" x 17" in size); engineering seals may be required)</i>			
<input type="checkbox"/> Certificate of Liability Insurance <i>(listing the City of Krum as certificate holder)</i>			
<input type="checkbox"/> Fee <i>(\$50)</i>			
Acknowledgement: <i>(complete the following and sign)</i>			
I HEREBY CERTIFY THAT I AM THE OWNER OR AUTHORIZED AGENT OF THE OWNER. AFTER CLOSE REVIEW OF THE APPLICATION I FURTHER CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE; THAT THE WORK SHALL COMPLY WITH ALL PROVISIONS OF KRUM'S LAWS AND ORDINANCES WHETHER SPECIFIED OR NOT; AND THAT THE ISSUANCE OF THE PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY FEDERAL, STATE, OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION. AN ISSUED PERMIT BECOMES INVALID IF THE WORK AUTHORIZED BY THIS PERMIT DOES NOT COMMENCE ONSITE WITHIN 180 DAYS OF ISSUANCE OR IF THE WORK ON THE SITE IS INCOMPLETE DUE TO SUSPENSION OR ABANDONMENT 180 DAYS AFTER WORK COMMENCED. ALL PERMITS REQUIRE FINAL INSPECTION AND/OR CERTIFICATE OF OCCUPANCY.			
Signature:		Email Address:	
Printed Name:		Phone / Cell #:	
Date:		Fax #:	