



Application for Installation, Replacement, Or Repair of Infrastructure in Public Rights-of-Way

Permit # _____

Date: _____ Project Valuation: _____

Project Name: _____

Location: _____

Above-Ground Appurtenances? Yes No

Method of Installation: Bore Open Cut Overhead Pole Other: _____

Start Date: _____ Completion Date: _____

INFRASTRUCTURE / FACILITY OWNER:

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

E-mail Address: _____

Emergency Contact: _____ Emergency Phone: _____

APPLICANT:

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

E-mail Address: _____

Emergency Contact: _____ Emergency Phone: _____

CONTRACTOR: (All Contractors must be registered with the City of Dickinson)

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

E-mail Address: _____

Emergency Contact: _____ Emergency Phone: _____

SUBCONTRACTORS: (All Subcontractors must be registered with the City of Dickinson)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

REQUIRED DOCUMENTATION: 3 Sets of each document are required. Incomplete applications will not be accepted.

- | | |
|--|--|
| <input type="checkbox"/> Written Scope of Work | <input type="checkbox"/> Traffic Plan |
| <input type="checkbox"/> Site plan | <input type="checkbox"/> Storm Water Management / Erosion Control Plan |
| <input type="checkbox"/> Standard/Typical Crossing Details | <input type="checkbox"/> Safety Plan (during construction and after hours) |
| <input type="checkbox"/> Atypical Crossing Details | <input type="checkbox"/> Guarantee of Performance* |
| <input type="checkbox"/> ROW Repair and Restoration Plan | <input type="checkbox"/> Insurance and Indemnity** |

*As outlined in Section 15.6-26 of Chapter 15.6 (Streets and Other Public Rights of Way) of the City of Dickinson Code of Ordinances.

** As outlined in Section 15.6-27 of Chapter 15.6 (Streets and Other Public Rights of Way) of the City of Dickinson Code of Ordinances.

By signature on this permit application, I understand that the company I represent shall be responsible for the actions of its contractors and subcontractors and shall ensure that all contractors and subcontractors comply with the requirements of the permit and Chapter 15.6, Streets and Other Public Rights-of-Way, of the City of Dickinson Code of Ordinances, as amended. I also understand that any violation of the permit or the City's, Streets and Other Public Rights-of-Way Ordinance, as amended may result in revocation of the Company's permit.

By signature on this permit application, I agree to update this permit within 10 calendar days after the change occurs if any of the information contained herein changes. I have carefully read the completed permit application, know the same is true and correct, and hereby agree that, if a permit is issued, all provisions of the City ordinances and State and federal laws and the permit will be complied with, whether herein specified or not. I agree to contact Dig Tess, the Texas One-Call System, and all affected utilities and others with facilities in public rights-of-way, prior to commencement of work. I agree to indemnify and forever hold the City of Dickinson harmless against each and every claim, demand or cause of action that may be made or come against it by reason of or in any way rising out of the performance of construction, excavation and /or the closing or blocking of the roadway by the applicant under a permit from the City, if such a permit is granted. I have also read Chapter 15.6, Streets and Other Public Rights-of-Way of the City of Dickinson Code of Ordinances, as amended, and agree to comply with the requirements contained therein.

Applicant Name

Applicant Signature

FOR OFFICE USE ONLY BELOW THIS POINT

Galveston Co. WCID #1	
<input type="checkbox"/> Approved	<input type="checkbox"/> Approved As Noted <small>(Construction may proceed)</small>
<input type="checkbox"/> Rejected	
Reviewer: _____	
Date: _____	

Public Works	
<input type="checkbox"/> Approved	<input type="checkbox"/> Approved As Noted <small>(Construction may proceed)</small>
<input type="checkbox"/> Rejected	
Reviewer: _____	
Date: _____	

Fire Marshal	
<input type="checkbox"/> Approved	<input type="checkbox"/> Approved As Noted <small>(Construction may proceed)</small>
<input type="checkbox"/> Rejected	
Reviewer: _____	
Date: _____	

City Administrator	
<input type="checkbox"/> Approved	<input type="checkbox"/> Approved As Noted <small>(Construction may proceed)</small>
<input type="checkbox"/> Rejected	
Reviewer: _____	
Date: _____	