

Ballard City 2381 E. 1000 S. Ballard UT 84066

435-722-3393 kmeyers@gmail.com

	RIGHT O	F WAY EN	NCROACH	IMENT A	PPLICAT	ΓΙΟΝ/PERMIT	,	
Date of Application:				PERMIT NUMBER:				
Company Name:								
Company Address:				City:		State: UT	Zip:	
Name of Applican	t							
Main Phone:			Cell Phone:			Fax:		
Property Owner:						•		
Address of Encroa	chment:							
G.P.S. Location:								
Type of Road:	Gravel:	Class D:		Asphalt:	Other:	Explain:		
Contractors Name:				Phone:		Cell Phone:		
License #: on record					Exp. Date:			
Contact Person:						Cell Phone:		
Reason for Encroa	chment/							
Completion Bond	Insurance 1	Policy:	Y 1	N				
* Plans need to be * Road Bonds are Fees will need to be * It is the responsil in as far as Ballard C permission from all of Permittees shall contact.	required for paid before oblity of the action that the action of the reaction	every agency encroachmen applicant to b uthority to gi involved.	v/owner Rigt t permit or ac ee acquainted ve it. It will	of Way Encocess permit with the rule be the Perm	roachment will be gra les as relation tittees response	permit. Inted In to this crossing In to this crossing In to contact	* g. this permit is given ct and receive *	
Date:				Picture #:				
Inspected by:				Notes:				
. 2. Access	chment fee- Fee	\$						
PERMIT I	S NOT V	ALID UN	ITIL AU	THORIZ	ED SIG	NATURE IS	APPLIED.	

PERMIT CHECKLIST

Please have the following items when applying for a road cut permit.

Initial each item:

Reasoning of excavation, encroachment or access.
Drawing or design of the location of the intended excavation, encroachment, or structure with pertinent dimensions.
Name of the person, firm, public utility or corporation for whom the work is being done.
Name of the person, firm, public utility, or corporation doing the actual work.
Statement that the applicant will comply with all ordinance and laws of Ballard City and the State of Utah relating to the work to be done.
A Traffic Control Plan, conforming to the Manual of Uniform Traffi Control Devices to be submitted with all applications that involve excavations within the City Road right-of-way.
Proof of bond per individual encroachment within four (4) feet of the road. Bond is to be 125% of total estimated cost with 80% being returned when completed and remaining 20% to be returned after two consecutive winter seasons without complications.
Proof of insurance for the amount of \$1,000,000 and a statement that the applicant shall idemnify the City for any loss, liability, or damage.
Traffic control and work zone plan
Notify the Road Encroachment Department at 435-789-1070 #24 or 24 twenty four hours in advance of any work being done.
Contact Central Dispatch at 789-4222 if road will be closed for an length of time.
Statement that the applicant will be responsible for contacting Blue Stakes at 1-800-622-4111 or www.bluestakes.org.
Location has been marked for inspection
Name of compaction company is applicable and compaction testing will be performed before final approval on road received.
Fees Paid