

CITY OF NEWPORT

RIGHT-OF-WAY PERMIT APPLICATION

APPLICATION INFORMATION:

Applicant: _____

Business Name: _____

Address: _____

Telephone No.: _____ Fax No.: _____

Signature: _____

Work to be done by: _____

Telephone No.: _____ Emergency No.: _____

EXCAVATION DESCRIPTION:

- a. **Sketch** - *provide a sketch of the excavation area including the excavation dimensions and area.*
- b. **Location** - *provide the street address or other description of the excavation location.*

- c. **Purpose** - *briefly explain the need to excavate*

EXCAVATION DATES (*Minimum 5 day review time required to process application*):

Excavation work to begin _____

Excavation work to be completed _____

Approved _____ Denied _____ Date _____

Public Works Director

PERMIT CONDITIONS:

- Insurance - A Certificate of Insurance shall accompany this application naming the City of Newport as an additional insured.
- Safety and Utility Notice - The applicant shall comply with all applicable federal and state health and safety regulations (VSHA, etc.). the applicant is responsible for notifying utility companies (Dig Safe - Phone No. 800-225-4977) of the intent to excavate. This notification will give utility companies a chance to mark their underground utilities near the excavation area.
- Excavation Repairs - The applicant is responsible for repairing all excavated surfaces to its original condition or better. These repairs shall be made according to the construction methods found in the City of Newport Public Works Standards unless amended by condition below.
- Special Restriction/Conditions -

- Inspection - Contact the Public Works Director at 878-1239 to:
 - a. Discuss the method of excavation
 - b. Schedule a site inspection prior to excavating
 - c. Schedule a site inspection once the excavation is repaired

REASON FOR DENIAL:
