



UTILITY

| | | | | |
|--|---------------|-----|------------------------|--|
| <input type="checkbox"/> NEW SUBMITTAL | TODAY'S DATE: | | PWEF NO.: | |
| <input type="checkbox"/> RESUBMITTAL | | | BARRICADING PERMIT NO: | |
| OWNER | PHONE | | | |
| MAILING ADDRESS | CITY | ZIP | | |

CONTRACTOR

| | | | |
|-------------------------------|------------|----------------------|-----|
| CONTRACTOR OR CONTRACT PERSON | | PHONE | FAX |
| MAILING ADDRESS | | CITY | ZIP |
| STATE LICENSE NO: | EXP DATE: | INSURANCE EXPIRATION | |
| CERTIFICATION NO: | BONDED BY: | BOND NO.: | |

SITE INFORMATION

| | |
|-------------------------|----------|
| SITE ADDRESS/DIRECTIONS | ZONE NO: |
| | |
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| | |

BARRICADING

| | |
|------------------------|--------------------------|
| BARRICADING CONTRACTOR | PHONE |
| MAILING ADDRESS | CITY ZIP |
| CONTACT PERSON | |
| CERTIFICATION NO. | TRAFFIC CONTROL PLAN NO: |

BARRICADE INFORMATION

IMPORTANT: Traffic Control Plans must be approved 72 hours prior to any work in the Right-Of-Way

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|----------------------------|--|------------------------------------|------------------------------------|---|
| The road is: | <input type="checkbox"/> Paved | <input type="checkbox"/> Unpaved | <input type="checkbox"/> Graveled | Number of Excavations: |
| Will you cut the pavement? | <input type="checkbox"/> Yes | How? | <input type="checkbox"/> Saw Cut | <input type="checkbox"/> Other Explain: |
| Where is the cut? | <input type="checkbox"/> Between back of curb to ROW | Length: _____ feet | Will you be disturbing a sidewalk? | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> Under pavement | Width: _____ feet | | <input type="checkbox"/> No |
| Barricading is for: | <input type="checkbox"/> Sewer Tap | <input type="checkbox"/> Sewer Ext | Other (Specify): | |
| | <input type="checkbox"/> Water Cut | <input type="checkbox"/> Water Ext | | |
| | <input type="checkbox"/> New Service | <input type="checkbox"/> Main Leak | | |
| LANE WIDTH: | WORK ZONE LENGTH: | POSTED SPEED: | | |
| Proposed Start Date: | Proposed Completion Date: | | | |

SIGNATURE OF APPLICANT

DATE

BERNALILLO COUNTY USE ONLY

| | | |
|-------|------------|----|
| C/R's | PERMIT FEE | \$ |
|-------|------------|----|

BERNALILLO COUNTY PERMIT APPLICATION

TODAY'S DATE:

CASE NO.:

| BERNALILLO COUNTY USE ONLY | | | | |
|------------------------------|----|-------------------|------------------|-------------------------|
| BARRICADING APPLICATION FEE: | | | BARRICADING FEE: | BARRICADING PERMIT NO.: |
| | | | APPROVED | FEE |
| | | | DISAPPROVED | \$ |
| YES | NO | | | UD |
| | | TCP PLAN APPROVAL | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | TOTAL | \$ |
| FEE PAID BY: | | | CHECK NO: | |

| INSPECTION COMMENTS |
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SKETCH OF WORK (if needed)