



# BARRICADING PERMIT APPLICATION

**BERNALILLO COUNTY  
PUBLIC WORKS DIVISION**  
Permit Section  
2400 Broadway SE  
Albuquerque, NM 87102  
505-848-1500

UTILITY  
CONTRACTOR  
SITE INFORMATION  
BARRICADING  
BARRICADE INFORMATION

<input type="checkbox"/> NEW SUBMITTAL		TODAY'S DATE:		PWEP NO.:	
<input type="checkbox"/> RESUBMITTAL				BARRICADING PERMIT NO:	
OWNER		PHONE			
MAILING ADDRESS		CITY ZIP			
CONTRACTOR OR CONTRACT PERSON		PHONE		FAX	
MAILING ADDRESS		CITY		ZIP	
STATE LICENSE NO:		EXP DATE:		INSURANCE EXPIRATION	
CERTIFICATION NO:		BONDED BY:		BOND NO.:	
SITE ADDRESS/DIRECTIONS				ZONE NO:	
BARRICADING CONTRACTOR		PHONE			
MAILING ADDRESS		CITY		ZIP	
CONTACT PERSON					
CERTIFICATION NO.			TRAFFIC CONTROL PLAN NO:		
<b>IMPORTANT: Traffic Control Plans must be approved 72 hours prior to any work in the Right-Of-Way</b>					
The road is: <input type="checkbox"/> Paved <input type="checkbox"/> Unpaved <input type="checkbox"/> Graveled				Number of Excavations:	
Will you cut the pavement?		How?		Saw Cut	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Saw Cut <input type="checkbox"/> Other Explain:			
Where is the cut?		Length: feet		Will you be disturbing a sidewalk?	
<input type="checkbox"/> Between back of curb to ROW <input type="checkbox"/> Under pavement		<input type="checkbox"/> Width: feet		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Barricading is for:		Sewer Ext		Other (Specify):	
<input type="checkbox"/> Sewer Tap <input type="checkbox"/> Water Cut <input type="checkbox"/> New Service		<input type="checkbox"/> Water Ext <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	\$



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TODAY'S DATE:

CASE NO.:

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

INSPECTION COMMENTS

SKETCH OF WORK (if needed)