



UTILITY
CONTRACTOR
SITE INFORMATION
BARRICADING
BARRICADE INFORMATION

<input type="checkbox"/> NEW SUBMITTAL		TODAY'S DATE:		PWEF 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:		
IMPORTANT: Traffic Control Plans must be approved 72 hours prior to any work in the Right-Of-Way					
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?	<input type="checkbox"/> Between back of curb to ROW <input type="checkbox"/> Under pavement	Length: feet		Will you be disturbing a sidewalk?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Barricading is for:	<input type="checkbox"/> Sewer Tap <input type="checkbox"/> Water Cut <input type="checkbox"/> New Service	<input type="checkbox"/> Sewer Ext <input type="checkbox"/> Water Ext <input type="checkbox"/> Main Leak		Other (Specify):	
LANE WIDTH:		WORK ZONE LENGTH:		POSTED SPEED:	
Proposed Start Date:				Proposed Completion Date:	

SIGNATURE OF APPLICANT

DATE

C/R's		PERMIT FEE	\$
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