

# RIGHT OF WAY PERMIT APPLICATION FORM

Updated: October, 2019

Permit # \_\_\_\_\_



## CONTACT INFORMATION

Company Name		Contact Person	
Company Mailing Address		City, State, Zip	
Company Phone #		Contact's Phone #	
Fax #		Contact's Email	

## DESCRIPTION OF REQUEST

Name of Street to be cut: \_\_\_\_\_ Project Value: \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

Type of installation / Repair & Reason for Work: \_\_\_\_\_

\_\_\_\_\_ Number of Cut(s): \_\_\_\_\_

Width of Cut(s): \_\_\_\_\_ Length of Cut(s): \_\_\_\_\_ Total Square Footage of Cut(s): \_\_\_\_\_

Street Cut Diagram:


## AUTHORIZATION

*All required application documents and fees have been included with this application. I understand that the City of San Marcos will only accept this application and fees when all required documentation has been provided.*

Filing Fee 5% of project value (\$52 min / \$2,250 max)      Technology Fee \$13

**TOTAL FEE ATTACHED \$** \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

## APPLICABILITY

An approved permit is required ***prior to all*** excavations of street pavements located within City right-of-way, except as noted below for emergency repairs. The application should be forwarded ***at least 48 hours, but not more than 30 days*** before start of work, and is in addition to any existing permit and/or approval requirements. (please allow 2-3 days for final decision)

Permit application forms are available in the office of the Permit Center or on the Permit Center and Transportation web pages at [www.sanmarcostx.gov](http://www.sanmarcostx.gov). Upon completion of the application, it may be mailed or delivered to the Permit Center or faxed to 855-246-9099

\*\*Upon completion, the construction supervisor shall sign and date the permit and return it to the Permit Center via mail, fax or in person. The Permittee shall be responsible for restoring all work areas in accordance with City specifications, and must warranty the repairs for a period of one year.

## CHECKLIST FOR RIGHT-OF-WAY PERMIT APPLICATION

Items Required for Complete Submittal	Staff Verification & Comments
<input type="checkbox"/> Completed Application for Right-Of-Way Permit use a separate form for each street *Description of type of installation / repair should include utility maintenance, construction, new services, utility adjustments, etc. <input type="checkbox"/> *Sketch of Street Cut Diagram should include approximate street cut orientation, placement and dimensions in relation to existing street(s). Annotate drawing with street name(s), block numbers and cross street name(s) *Provide requested street cut physical information at the bottom of the drawing	<input type="checkbox"/>
<input type="checkbox"/> Filing Fee: 5% of project value (\$52 min / \$2,250 max) Technology Fee: \$13	<input type="checkbox"/>
<b>Additional information may be required at the request of the Department</b>	

I hereby certify and attest that this application and all required documentation is complete and accurate. I hereby submit this application and attachments for review by the City of San Marcos. I understand that an approved permit shall be maintained at the job-site and be made available for inspection for the duration of work.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**\*\*\*EMERGENCY REPAIRS:** In the event street cuts are made in response to emergency repairs such as water main breaks, gas leaks, etc. telephone notice must be given (to 512-393-8036 during office hours, otherwise to the Police Department at 512-753-2108) prior to the start of construction, and a permit application must be completed and forwarded to the Permit Center by the end of the following business day.