



TOWN OF
WELLINGTON

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PO Box 127
Wellington, CO 80549
(970) 568-0447

RIGHT OF WAY PERMIT

DATE: _____

PERMIT #: 20-ROW-

CONTRACTOR NAME: _____ PHONE: _____

EMAIL: _____ FAX: _____

MAILING ADDRESS: _____ CITY: _____ ST. _____ ZIP CODE: _____

PROPERTY OWNER: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ST. _____ ZIP CODE: _____

LOCATION OF PROJECT _____

PURPOSE OF EXCAVATION OR OBSTRUCTION _____

PLANNED START DATE _____ PLANNED FINISH DATE _____

THE TOWN MUST BE NOTIFIED OF EXACT START DATE AT LEAST 24 HOURS BEFORE THE PROJECT IS TO BEGIN.

PROVIDE A DRAWING OF WORK TO BE PERFORMED AND A TRAFFIC CONTROL PLAN.

LIST ANY SPECIAL CONDITIONS _____

CLEAN UP AND/OR REPAIRS TO THE SITE MUST BE REPAIRED WITHIN 14 DAYS AFTER UNDERGROUND WORK IS COMPLETE. WHEN REPAIRS CANNOT BE MADE DUE TO INCLEMENT WEATHER, THE SITE MUST BE MAINTAINED UNTIL SUCH REPAIRS CAN BE MADE.

| | | |
|-----------------|-------------------|---|
| APPLICATION FEE | \$50.00 | |
| <u>DEPOSIT</u> | <u>\$1,000.00</u> | >REFUNDABLE UPON FINAL INSPECTION AND APPROVAL BY THE TOWN. |
| TOTAL | \$1,050.00 | |

I HEREBY AGREE TO THE CONDITIONS CONTAINED IN THIS PERMIT

SIGNATURE _____ DATE _____

PROOF OF LIABILITY INSURANCE IS REQUIRED FROM ALL CONTRACTORS REQUESTING PERMITS

****Wellington Construction Standards available upon request****

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OFFICE USE ONLY

PERMIT APPROVED BY: _____

RECEIVED BY: _____

WORK COMPLETION APPROVED BY: _____

CHECK #: _____

DEPOSIT REFUND ISSUED ON: _____