



PERMIT NUMBER \_\_\_\_\_

FRANCHISED OR LICENSED UTILITY COMPANY: \_\_\_\_\_

Contact Person <u>APPLICANT:</u>	Phone #	Email Address
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Company Name	Applicant Name
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Address	City	State	Zip
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(Area Code) Telephone #	24-Hour Emergency Phone #	Email Address
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SUBCONTRACTOR PERFORMING THE WORK:

Company Name	Contact Person
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(Area Code) Telephone #	24-Hour Emergency Phone #	Email Address
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Location & Description of Work: (include street names, termination points and linear feet of cable work) (REQUIRED)

WILL ANY PAVEMENT BE REMOVED (THIS INCLUDES UTILITY LOCATES)? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES SEE ITEM 1.

WILL TRAFFIC LANE OR SIDEWALK CLOSURE BE REQUIRED? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES SEE ITEM 2.

WILL WORK LAST MORE THAN 7 DAYS? IF YES SEE ITEM 3. \_\_\_\_\_ YES \_\_\_\_\_ NO

811 CONFIRMATION NUMBER, IF MORE THAN ONE LIST ALL

_____	_____	_____	_____ YES _____ NO
_____	_____	_____	

PUBLIC WORKS WORK ORDER NUMBER \_\_\_\_\_

ANTICIPATED START DATE: \_\_\_\_\_ ANTICIPATED COMPLETION DATE: \_\_\_\_\_

**EMERGENCY NUMBERS**

For all incidents involving damage the City of Anna's Public Works Department must be notified call at 972-9244510

For accidents involving injuries or affecting Public Safety call 911

For incidents/accidents affecting Atmos Gas call 1-800-460-3030

For incidents/accidents affecting Oncor Electric Delivery call 1-888-313-4747

For incidents/accidents affecting GCEC Electric Delivery call 1-903-482-7183

AT&T/SBC Customer Service Bureau Manager on Duty 1-800-286-8313

**Contractor Must:**

SUBMIT APPLICATION (EITHER IN PERSON AT PUBLIC WORKS, 3223 N. POWELL PKWY OR VIA FAX TO 972-9244527, INCLUDING THE FOLLOWING

(1) COPY OF PLANS,

- (1) COPY OF ALL MAPS (MAPS MUST NOT BE LARGER THAN 11 X 17)

ITEM #1

- (1) CALL 24 HRS BEFORE REPLACEMENT OF CONCRETE AT PUBLIC WORKS OFFICE 972-924-4510.

ITEM #2

- (1) COPY OF A LEGIBLE SITE SPECIFIC TRAFFIC CONTROL PLAN "LINE DRAWING ONLY, NO AERIAL PHOTO". PLAN MUST INCLUDE NORTH ARROW, STREET NAME, AND AREA OF CONSTRUCTION.

ITEM #3

- (2) A three feet by three feet information sign stating the identity of the person doing the work, a local telephone number and Owners identity shall be placed at the location where construction is to occur 48 hours prior to the beginning of work in the Right-of-Way and shall continue to be posted at the location during the entire time the work is occurring. The informational sign will be posted on the Public Right-of-Way 100 feet before the construction location commences, unless other posting arrangements are approved by the Director.
- (3) When projects last more than seven calendar days, the Owner shall also provide written notification to all adjacent property occupants 48 hours prior to the beginning of construction. Information fliers shall include the person doing the work, a local telephone number, Owner's identity, and proposed schedule.
- (4) Owner shall provide the notice above to record and occupants (if applicable) of all properties abutting the same Public Right-of-Way within 300 linear feet of any area where facilities are to be relocated or removed prior to initiating such work.
- (5) COPY OF A LEGIBLE SITE SPECIFIC TRAFFIC CONTROL PLAN "LINE DRAWING ONLY, NO AERIAL PHOTO". PLAN MUST INCLUDE NORTH ARROW, STREET NAME, AND AREA OF CONSTRUCTION.

ALL THREE PAGES MUST BE COMPLETED WITH APPLICANT'S SIGNATURE AND DATE BEFORE PERMIT WILL BE APPROVED. QUESTIONS REGARDING PERMITS PLEASE CALL 972-9244510.

- ALL PERMITS WILL BE EMAILED TO FRANCHISED OR LICENSED UTILITY COMPANY, APPLICANT, AND SUB CONTRACTOR FOLLOWING APPROVAL.
- 48 HOURS PRIOR TO COMMENCING WORK THE CONTRACTOR SHALL CONTACT:
- THE PUBLIC WORKS DEPARTMENT OFFICE AT 972-924-4510 FOR LINE LOCATES NOTE: TRAFFIC AND WATER LOCATES ARE DONE ON AN INCREMENTAL BASIS AND NO WORK WILL BE PERMITTED UNTIL ALL LOCATES ARE MARKED IN THE FIELD.
- THIS PERMIT WILL BECOME NULL AND VOID IF CONSTRUCTION HAS NOT BEGUN WITHIN 30-DAYS.



PERMIT NUMBER \_\_\_\_\_

- ABOVE GROUND ROUTE/LOCATION MARKERS ARE NOT PERMITTED.
- ALL UTILITY LOCATE MARKINGS SHALL BE REMOVED BEFORE COMPLETION OF THE PROJECT.
- THIS CONSTRUCTION PERMIT MUST REMAIN ON PROJECT SITE WHEN WORK IS BEING PERFORMED.
- I HAVE READ AND UNDERSTAND THE CITY OF ANNA STANDARDS FOR RIGHT-OF-WAY EASEMENT CONSTRUCTION.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
City Approval

\_\_\_\_\_  
Date

**CITY COMMENTS:**

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ADDENDUM TO CITY OF ANNA  
RIGHT-OF-WAY CONSTRUCTION PERMIT

Liability and Responsibility as to Damage to Public Rights-of-Way

The facility owner, contractor and sub-contractor acknowledge by their signatures below that they have read and understood Article V—Construction in Public Rights-of-Way of the Municipal Code of Ordinances and particularly Sections 20-99 through 20-101 which concern construction in the rights-of-way and agree to be bound by those provisions, including the indemnity provision, Section 20-102, or if they are a Public Utility Commission Certificated Telecommunications Provider, they acknowledge and agree to be bound by the indemnity provision of the Local Government Code, 283.057. The facility owner acknowledges that it is responsible and liable for its agents, contractors and sub-contractors.

Such liability generally includes, but is not limited to, reimbursement for all damage to City property, repair and replacement of City property to the same condition it was prior to the construction in the right-of-way work being performed. Such reimbursement may also include, if applicable, additional cost to the City for City personnel responding to emergency situations where roadbeds, water lines, telecommunication lines, electric lines or other utilities have been damaged as a result of the construction work by the facility owner, contractor, or sub-contractor. Such additional cost may include any additional staff cost incurred by the City other than for routine staff duties.

THE INFORMATION BELOW MUST BE COMPLETED BEFORE SUBMITTING PERMIT:

FACILITY OWNER: (COMPANY NAME)

By: \_\_\_\_\_

(Authorized Representative)  
(Title)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Telephone)

CONTRACTOR:  
(COMPANY NAME) By:

\_\_\_\_\_  
(Authorized Representative)  
(Title)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Telephone)

SUB-CONTRACTOR: (COMPANY NAME) By:

\_\_\_\_\_  
(Authorized Representative)  
(Title)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Telephone)