

TOWN OF CASTLE VALLEY ROADS DEPARTMENT
Application of Right-of-Way Encroachment Permit

Date _____

Lot # _____

TO: Roads Manager
Castle Valley Roads Department

Application is hereby made by _____

Address _____

Phone _____ Cell _____ Email _____

For permission to do the following (the "Project"): _____

Location of Proposed Easement Encroachment _____

_____ in accordance with attached plan (see page 2).

Work will begin on or about _____; and will be completed on or before _____

Work will be conducted by _____

If the proposed Project requires breaking of the pavement, provide the following information:

a. Type of pavement _____

b. The opening to be made will be _____ feet long by _____ feet wide and _____ feet deep.

c. By signing below the applicant(s) identified in Section (1), hereby certifies and warrants that he/she, or their agents and/or contractors, carries sufficient liability insurance and/or has sufficient cash reserves to cover the costs of repairing any and all damages that may occur as a result of the actions proposed under this Application.

If this permit is granted, we agree to comply with all conditions, restrictions and regulations as contained in the Castle Valley Ordinances 85-3 and 95-6 approved in 2014, and all revisions thereto.

By _____

Owner

Signature

To be filled in by Roads Manager:

(1) Permit _____ *should* _____ *should not* be granted.

(2) Additional requirements _____ *should be* imposed (see page 2 if checked).

Roads Manager

