

RIGHT OF WAY PERMIT CITY OF PLYMOUTH Ordinance 2019-2146R	Application Submit to: City of Plymouth Engineering Dept. 900 Oakhill Ave Plymouth, IN 46563 publicworks@plymouthin.com
Application Date: _____	

Applicant Project ID: _____

Project Address: _____

Project Design-Location Summary: _____
(street location description & distances)

State Plane Coordinates: NAD83 Indiana East State Plane Coordinate System

Applicant:

Company: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

Owner:

Company: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

Prime Contractor: 1

Company: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

Contractor is Registered with the City

Contractor is Certified with INDOT

Contractor: 2

Company: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

Contractor is Registered with the City

Contractor is Certified with INDOT

Contractor: 3

Company: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

Contractor is Registered with the City

Contractor is Certified with INDOT

Contractor (Traffic Signal Work): 4

Company: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

Contractor is Registered with the City

Contractor is Certified with INDOT

All contractors shall be registered with the City of Plymouth. Contact the Building Commissioner for Registration procedures.

All Traffic Signal work shall be performed by an INDOT Certified Contractor in that area of expertise.

Structure Work:

<input type="checkbox"/> New Structure and Foundation	<input type="checkbox"/> Modifying an Existing Structure
<input type="checkbox"/> Modifying an Existing Structure & Foundation	<input type="checkbox"/> Utilizing and Existing Structure
<input type="checkbox"/> New Street Light to be installed	<input type="checkbox"/> Existing Street Light to be upgraded
<input type="checkbox"/> New Traffic Signal Arm to be installed	<input type="checkbox"/> Existing Traffic Signal Arm to be utilized
<input type="checkbox"/> Existing Traffic Signal Arm to be modified	<input type="checkbox"/> Other: _____

Project Site Maintenance of Traffic & Site Restoration REQUIRED

RIGHT OF WAY PERMIT	Application
Application Date: _____	
Utility Name: _____	
Project Address: _____	

Small Cell Facility Contacts:	
Utility: Company: _____ Contact Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ E-mail: _____	Structure Owner: Company: _____ Contact Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ E-mail: _____
Antenna Equipment Owner: Company: _____ Contact Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ E-mail: _____	Proposed Carrier: Company: _____ Contact Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ E-mail: _____
Ownership Identification & Contacts shall be updated upon any change.	

Name: _____	Signature: _____
Printed or Typed Name	

A signed license agreement shall be executed between the responsible party and a financial guarantee needs to be placed at the Clerk -Treasurer's Office prior to the beginning of construction. The Financial Guarantee is based on the damage risk to City infrastructure present in the construction area.

This section is to be completed by the City of Plymouth.	
City Project Number & Name: _____	
Date Received: _____	Received by: _____
Date of Technical Review Committee Approval: _____	
Name: _____	Signature: _____
Financial Guarantee Amount: _____	
City Permit Number: _____	