

APPLICATION/PERMIT TO CONSTRUCT AND/OR OPERATE WITHIN THE CITY OF ELKHORN RIGHT-OF-WAY

Location Description - Quarter section, section, township, range, etc. To each copy of the application attach one cop of the sketch showing location	Address Location: <hr/> County
Applicant Name and Address <hr/> <hr/>	Construction Starting Date Construction Completion Date * See Note Below Applicant Work Order - if any

Street <hr/> <hr/>	Utility Facility/Work Type <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Electric</td> <td><input type="checkbox"/> Monitoring Well</td> <td><input type="checkbox"/> Overhead</td> </tr> <tr> <td><input type="checkbox"/> Telephone/Communications</td> <td><input type="checkbox"/> Gas/Petroleum</td> <td><input type="checkbox"/> Underground</td> </tr> <tr> <td><input type="checkbox"/> Water</td> <td><input type="checkbox"/> Chemical Treatment</td> <td><input type="checkbox"/> Parking Lot/</td> </tr> <tr> <td><input type="checkbox"/> Sanitary Sewer</td> <td><input type="checkbox"/> Tree Cutting/Removal</td> <td>Driveway R.O.W</td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;">Tree Installation</td> </tr> </table>	<input type="checkbox"/> Electric	<input type="checkbox"/> Monitoring Well	<input type="checkbox"/> Overhead	<input type="checkbox"/> Telephone/Communications	<input type="checkbox"/> Gas/Petroleum	<input type="checkbox"/> Underground	<input type="checkbox"/> Water	<input type="checkbox"/> Chemical Treatment	<input type="checkbox"/> Parking Lot/	<input type="checkbox"/> Sanitary Sewer	<input type="checkbox"/> Tree Cutting/Removal	Driveway R.O.W		Tree Installation	
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* NOTE: If the work described is not completed by the "Completion Date" specified, this permit is null and void, and the work shall not be completed unless authorized through a subsequent permit or an approved time extension.

It is understood and agreed that approval is subject to the applicant's full compliance with the pertinent Statutes, as well as any rules and regulations of other jurisdictional agencies, which may be more restrictive, and with the City of Elkhorn's Policy for the Accommodation of Utilities on Street Right -of-Way, current edition. Note: Contractors are required to contact the property owner of any Utility outage or limited access to property.

Line Owner Notification Telephone Number

X _____
(Authorized Representative) (Date)

(Title)

(Authorized Representative Telephone Number)

City Location and Telephone Number	Public Works Recommendation	Date Application Received by City
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Special Telephone Number

X _____
(Recommendation for Director) (Date)

Permit Number	Issuance Date
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X _____
(Approval of Director) (Date)

Division of Streets Permit Approval