



Right of Way Permit Application

Town of Sellersburg
103 New Albany St.
Sellersburg, In. 47172
(812) 246-3821
www.sellersburg.org

Permit #:	_____
Bond #:	_____
Permit Fee: \$	_____
Winter Fee: \$	_____
Dumpster Fee: \$	_____
Approved by:	_____
Start Date:	_____ Expires: _____

Obstruction ___ Excavation/Opening ___ Utility Agency ___ Driveway ___

Contractor/Firm: _____ Contact Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

SITE LOCATION: _____
(Street, property address, or distance and direction from nearest public street intersection)

ON SITE/EMERGENCY CONTACT: Name: _____ Number: _____

NATURE OF WORK: _____

DESCRIPTION: Please include a detailed description & scaled drawing or plans of the work for all permits including the identification of any structures to be installed, the size and depth of proposed excavation, any changes to existing materials, and the proposed traffic control. A plat of survey must also be submitted for driveway permits. Please indicate below the items to be disturbed and include this information on the drawing/plans of work.

ROW IMPACT	<input type="checkbox"/> Driveway <input type="checkbox"/> Street <input type="checkbox"/> Sidewalk <input type="checkbox"/> Parkway <input type="checkbox"/> Alley
How many linear Feet?	Traffic Lane _____ Parking Lane _____ Sidewalk _____ Parkway _____ Alley _____
EXISTING SURFACES/MATERIALS IMPACTED	<input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Brick Pavers <input type="checkbox"/> Gravel <input type="checkbox"/> Grass <input type="checkbox"/> Decorative Stone <input type="checkbox"/> Curb <input type="checkbox"/> Curb and Gutter <input type="checkbox"/> Other (specify) _____
UTILITIES	<input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Cable/Telephone <input type="checkbox"/> Drainage/Culvert <input type="checkbox"/> Traffic Signals <input type="checkbox"/> Street lights <input type="checkbox"/> Other (specify) _____
OTHER IMPACTS	<input type="checkbox"/> Landscaping <input type="checkbox"/> Trees <input type="checkbox"/> Irrigation <input type="checkbox"/> Signs <input type="checkbox"/> Fire Hydrants
METHOD OF INSTALLATION	<input type="checkbox"/> Open-Cut <input type="checkbox"/> Directional Bore <input type="checkbox"/> Aerial/Poles Attachment <input type="checkbox"/> Other (specify) _____ Linear feet of buried: _____ Linear feet of aerial: _____ Utility Owner: _____ Number of Openings: Sidewalk _____ Parkway _____ Street _____ Alley _____

Dumpster ___ Container ___ Sidewalk Sign ___ Crane/Mobile Lift ___ Scaffolding/Covered Canopy ___
Additional Info: _____

THE FOLLOWING ITEMS ARE TO BE SUBMITTED WITH THE APPLICATION

CERTIFICATE OF INSURANCE valid for permit period, \$1,000,000 naming the "Town of Sellersburg" as additional insured and **BOND** as required by the Public Works Director

PROJECT DESCRIPTION to include drawings/plans and schedule for all activities taking place in the public right-of-way.

TRAFFIC CONTROL PLAN for safe movement of pedestrians and vehicles.

Any changes to operations set forth in this application without the prior approval of the Public Works Director, may result in citation and fine

Permit Acceptance and Liability Waiver (to be signed by authorized company representative or homeowner)
I request permission to excavate and/or occupy the public right-of-way in the Town of Sellersburg in accordance with Ordinance 2019-or-022 of the Town Ordinance. For consideration of such permission, I agree to indemnify, hold harmless and defend the Town of Sellersburg, its officers, agents and employees, from any and all claims resulting from injuries, including death, damages or losses, including, but not limited to the general public, which may arise or which may be alleged to have arisen out of, or in connection with such excavation and occupancy. I further agree to do all work in accordance with the conditions, regulations and Town standards provided with this application. A copy of this permit shall be available for review at the job site at all times when work is occurring in the right-of-way.

Signature: _____ **Date:** _____
Signature of authorized company representative or homeowner