City of Lake Helen
RIGHT-OF-WAY USE PERMIT APPLICATION

DIRECTIONS: Legibly complete application as required.

Section I APPLICANT INFORMATION

APPLICANT'S NAME:_____ FIRM/UTILITY NAME:_____

ADRESS:_____ PHONE NUMBER:__( )_____EXT._____
_____ CONTACT:_____

Section II PROJECT INFORMATION

RIGHT-OF-WAY USE
(All other use within City of Lake Helen Public Rights-of-Way / Easements not addressed under a Site or Subdivision permit.)

LOCATION OF PROPOSED USE_____
_____SECTION_____TOWNSHIP_____RANGE_____

DESCRIPTION OF PROPOSED USE:_____
_____
_____
_____
_____

Section III LOCATION OF EXISTING UTILITIES

(Applicant agrees all existing utilities/facilities shall be located, exposed and verified prior to construction)

WATER_____ ELECTRIC_____
SEWER_____ CATV_____
TELEPHONE_____ OTHER_____
GAS_____GAS Location Request ID No,_____ (Required information for permit processing)

THE CITY ADMINISTRATOR MUST BE CONTACTED A MIN. OF 24 HOURS AND A MAX. OF 48 HOURS PRIOR TO USE OF RIGHT-A-WAY.

Section IV OWNER/AUTHORIZED AGENT SIGNATURES

I (WE) REPRESENT THAT THE ABOVE INFORMATION, STATEMENTS AND REPRESENTATIONS ON MATERIALS SUBMITTED HEREWITH IS TRUE. I/WE ARE PROVIDING THESE MATTERS TO INDUCE THE CITY OF LAKE HELEN TO ISSUE A USE PERMIT. I/WE AGREE WITH ALL CONDITIONS INPOSED BY THE CITY OF LAKE HELEN.

TITLE:_____ DATE:_____ OWNER/AUTHORIZED SIGNATURE_____

Section V PERMIT ACTION

APPROVED – ☐ APPROVED WITH SPECIFIC CONDITIONS – ☐ DENIED – ☐

_____
_____
_____ATTACHMENTS --- YES – ☐ NO - ☐

PERMIT NO. _____-_____-_____ FEE: $_____
APPROVAL DATE: _____ APPLICATION APPROVED BY:_____
EXPIRATION DATE: _____ City Administrator

Section VI INSPECTION RECORD

USE COMMENCEMENT DATE_____ COMMENTS_____
USE ENDING DATE_____ _____
INSPECTOR_____ _____