

RIGHT-OF-WAY PERMIT APPLICATION

Our office has up to ten (10) working days to review and approve/deny this permit application. A drawing showing location of excavation must be submitted and any Right-of-Way work in the street requires submission of a Traffic Maintenance Plan as well. Excavation must be completed (permanent patch) ten (10) working days after the start of excavation. Applicant must notify the West Lafayette Engineer's Office one (1) day in advance of commencement of work and in doing so indicate permit number and address of work. Refer to the Right-of-Way Excavation Handbook for all policies and procedures regarding work in the city Right-of-Way. **PLEASE PRINT WITH INK. ALL BLANKS MUST BE FILLED IN OR APPLICATION WILL NOT BE APPROVED.**

APPLICANT:

NAME: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

WORK INFORMATION:

CONTRACTOR NAME: _____ BOND NO.: _____

LOCATION/ADDRESS: _____

PURPOSE OF RIGHT-OF-WAY WORK: _____

START DATE: _____ COMPLETION DATE: _____ NUMBER OF HOLES: _____

RIGHT-OF-WAY EXCAVATION SIZE & DESCRIPTION (STREET, SIDEWALK, PLANTING STRIP, DRIVEWAY, ETC.)

APPLICANT MUST SCHEDULE THE FOLLOWING THREE (3) INSPECTIONS WITH AT LEAST A FOUR (4) HOUR NOTICE TO THE CITY ENGINEER'S OFFICE AT (765) 775-5130:

1. **BACK-FILL (AFTER EXCAVATION IS MADE AND BACK-FILLING IS READY TO COMMENCE)**
2. **POST BACK-FILL (AFTER ALL FILL HAS BEEN COMPACTED, CUTBACK HAS BEEN MADE, AND ALL REINFORCING/ EXPANSION IS IN PLACE)**
3. **FINAL (CITY WILL ACCEPT OR REJECT PATCH)**

I, the undersigned do hereby agree to make this excavation under the supervision and inspection of the City Engineer, and in accordance with the West Lafayette City Code; Chapter 114, "Excavations."

APPLICANT REPRESENTATIVE SIGNATURE

DATE

APPLICANT REPRESENTATIVE NAME (TYPED OR PRINTED)

FOR OFFICE USE ONLY

DATE RECEIVED: _____

PAY AT ISSUE

TOTAL FEE: \$ _____

BILL TO APPLICANT

Permit Number

PERMIT APPROVED BY: _____

DATE: _____

PERMIT ISSUED BY: *Richard C. Medsker*

1. PRE BACK-FILL INSPECTION
2. POST BACK-FILL INSPECTION
3. FINAL INSPECTION

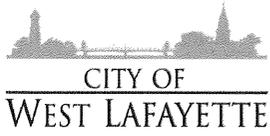
INSPECTOR _____
INSPECTOR _____
INSPECTOR _____

DATE _____ P/F
DATE _____ P/F
DATE _____ P/F

EXTENSION DATE: _____

EXTENSION APPROVED BY: _____

Permit Number



RIGHT-OF-WAY PERMIT APPLICATION – DRAWING

Office of the City Engineer
609 W. Navajo St.
West Lafayette, IN 47909
P: 775-5130 F: 775-5249
www.westlafayette.in.gov

