



PERMIT NO.: \_\_\_\_\_  
DATE RECEIVED: \_\_\_\_\_  
DATE APPROVED: \_\_\_\_\_

DEPARTMENT OF PUBLIC WORKS  
PUBLIC RIGHT OF WAY USE/EXCAVATION PERMIT  
**RESIDENTIAL**

Address or location: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Date Expires: \_\_\_\_\_

Permittee Name: \_\_\_\_\_

Permittee Address: \_\_\_\_\_

Permittee Phone No: \_\_\_\_\_

Contractor's Name: (If work or closure is by other than Permittee)  
\_\_\_\_\_

Contractor's Address: \_\_\_\_\_

Contractor's Phone No.: \_\_\_\_\_

Contractor's Contact Person: \_\_\_\_\_

Description of Right of Way use: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Requirements: \_\_\_\_\_  
\_\_\_\_\_

Compaction Test Required: Yes \_\_\_\_\_ No: \_\_\_\_\_

Three set of plans submitted: Yes \_\_\_\_\_ No: \_\_\_\_\_

Signature of Permittee: \_\_\_\_\_

Date: \_\_\_\_\_

Permit Application Fee \_\_\_\_\_

Approved by Public Works Department: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of City Official: \_\_\_\_\_

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PERMIT NO. \_\_\_\_\_

Date Work Completed: \_\_\_\_\_

Signature: \_\_\_\_\_

Please sign and return to City of Bisbee Public Works when job is completed.

**CITY OF BISBEE**

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**RIGHT OF WAY PERMIT**  
**RESPONSIBILITIES OF PERMITTEE**

**PERMITTEE MUST PROVIDE THE FOLLOWING:**

- Traffic control as required by the **Manual of Uniform Control Devices (MUTCD)**
- Appropriate Work Zone safety to protect:
  - Workers
  - Public
- All Blue Stakes
- Repair the work area to the satisfaction of the City of Bisbee