



CITY OF CHARLESTON
RIGHT-OF-WAY PERMIT APPLICATION

Miss Utility Confirmation # \_\_\_\_\_ Tentative Start Date: \_\_\_\_\_

Permittee Name: \_\_\_\_\_ Permittee SSN or Tax ID# \_\_\_\_\_

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

Permittee Bond: On File \_\_\_\_\_ Attached \_\_\_\_\_

Construction Contact Person: \_\_\_\_\_ Fax \_\_\_\_\_ Phone \_\_\_\_\_

Contractor/Subcontractors Name: \_\_\_\_\_ Fax \_\_\_\_\_ Phone \_\_\_\_\_ Chas. License No. \_\_\_\_\_

Worksite Address: \_\_\_\_\_ Cross Street (required): \_\_\_\_\_

CHECK ONE: INSTALL: Gas line [ ] Electric line [ ] Sewer line [ ] Water line [ ] Storm drain inlet or line [ ]
Communication line [ ] Sidewalk [ ] Other [ ]

Total Sq. Ft. of Excavation(s) - All trenches or hole cuts: \_\_\_\_\_ Depth of Excavation(s): \_\_\_\_\_

Total Estimated Cost of Construction: \$ \_\_\_\_\_ Permit Fee: \$ \_\_\_\_\_

Method of Construction:

Pavement (Concrete or Asphalt) Cut: [ ] Direct Buried Cut (Out of Pavement): [ ] Horizontal Directional Drilling (HDD): [ ]

Description of work for Gas, Sewer, Water, or Storm Drain:

Install New [ ] Renew [ ] Repair [ ] Retire [ ] Relocate [ ] Main [ ] Service Lateral [ ] Valve [ ] Other [ ]

Description of work for installation of buried Electric or Communication facilities:

Conduit: \_\_\_\_\_ (ft.) Conduit size: \_\_\_\_\_ (in.) Number of conduits: \_\_\_\_\_ Coaxial Cable: \_\_\_\_\_ (ft.)
Fiber Optic Cable: \_\_\_\_\_ (ft.) Electric Cable/Conductor: \_\_\_\_\_ (ft.) Communications Cable: \_\_\_\_\_ (ft.)
Cover: \_\_\_\_\_ (inches) (24 inches min.)

Description of work for Pole, Guy, Aerial Cable/Conductor Installation:

Number of poles: New: \_\_\_\_\_ Renewed: \_\_\_\_\_ Removed: \_\_\_\_\_
Number of guy wires/anchors: New: \_\_\_\_\_ Renewed: \_\_\_\_\_ Removed: \_\_\_\_\_
Aerial Cable/Conductor (ft): New: \_\_\_\_\_ Removed: \_\_\_\_\_ Renewed: \_\_\_\_\_

Description for Cabinets, Flush Mounted Junction Boxes, Pedestals, Pad Mounted Transformers, Switches, Meters, etc.:

Number of cabinets: \_\_\_\_\_ Number of flush mounted boxes: \_\_\_\_\_ Number of pedestals: \_\_\_\_\_ Meters: \_\_\_\_\_
Number of Transformers: \_\_\_\_\_ Number of Switches: \_\_\_\_\_ Number of witness markers: \_\_\_\_\_

Description of work for Pavement Cuts, Sidewalk Restoration, Test Holes - list cut size in feet for each pavement type:

Asphalt: \_\_\_\_\_ (l) x \_\_\_\_\_ (w) Concrete: \_\_\_\_\_ (l) x \_\_\_\_\_ (w) Dirt: \_\_\_\_\_ (l) x \_\_\_\_\_ (w)
Asphalt: \_\_\_\_\_ (l) x \_\_\_\_\_ (w) Concrete: \_\_\_\_\_ (l) x \_\_\_\_\_ (w) Dirt: \_\_\_\_\_ (l) x \_\_\_\_\_ (w)
Asphalt: \_\_\_\_\_ (l) x \_\_\_\_\_ (w) Concrete: \_\_\_\_\_ (l) x \_\_\_\_\_ (w) Dirt: \_\_\_\_\_ (l) x \_\_\_\_\_ (w)

A Permit will not be issued unless accompanied by a detailed site plan of proposed work. Site plan shall indicate all requested work on the application including property line or city right of way, edge of pavement, curb & gutter, sidewalk, driveways, closest cross street, city trees and north arrow. Show existing sewer and water lines and reference them to the edge of pavement. Contractor must be properly bonded. All work shall be done in accordance with this application or as amended by this office. Please submit application and site plan in duplicate (2 copies).

The Permittee, its agents, employees, officers and assignee assume all responsibility and liability for any injury to persons or damage to public or private property, caused directly or indirectly, by the performance of permitted work under this permit. Furthermore, the Permittee, its agents, employees, officers and assignees agree to save and hold harmless the City of Charleston, its agents, employees and officers from any and all claims, demands, actions, judgments, executions, damages or proceeding for any and all personal actions, judgments, executions, damages or proceedings for any and all personal injury, and injuries to property, real or personal, public or private caused by or arising out of directly or indirectly, from the performance of permitted work.

I certify that the above information is accurate, that permission from the pole owner has been obtained to perform the work (if applicable), and that all work will be performed in accordance with the City of Charleston Right of Way Excavation and Restoration Manual.

Application Date \_\_\_\_\_ Signature of Permittee or Authorized Agent \_\_\_\_\_



## RIGHT OF WAY PERMIT APPLICATION – SITE PLAN ATTACHMENT

CONSTRUCTION ADDRESS: \_\_\_\_\_

NEAREST CROSS STREET: \_\_\_\_\_

TRAFFIC CONTROL METHOD (CITE CASE NO.): \_\_\_\_\_

PRE-APPROVED RESTORATION METHOD (CITE STANDARD DETAIL NO.): \_\_\_\_\_

LOCATION OF WORK (CIRCLE ALL THAT APPLY):  
STREET      SIDEWALK      ALLEY  
UNPAVED ROW      DRIVEWAY      OTHER

### DESCRIPTION OF LOCATION OF WORK:

Please provide enough description so that an Inspector can locate this location in the field. (Example – north (or south, east, west) driving lane of street, between (cross streets), 50' from intersection. Or, Sidewalk in front of (Street Address). Or, Alley located behind (Street Address). Or north (or south, east, west) shoulder of (Street Name) 150' from intersection).

\_\_\_\_\_  
\_\_\_\_\_

TRENCH:      LENGTH X WIDTH: \_\_\_\_\_      SQ. FEET: \_\_\_\_\_      DEPTH: \_\_\_\_\_

### ADDITIONAL HOLE CUTS:

Asphalt: _____ (l) x _____ (w)	Concrete: _____ (l) x _____ (w)	Dirt: _____ (l) x _____ (w)
Asphalt: _____ (l) x _____ (w)	Concrete: _____ (l) x _____ (w)	Dirt: _____ (l) x _____ (w)
Asphalt: _____ (l) x _____ (w)	Concrete: _____ (l) x _____ (w)	Dirt: _____ (l) x _____ (w)
Asphalt: _____ (l) x _____ (w)	Concrete: _____ (l) x _____ (w)	Dirt: _____ (l) x _____ (w)

### ADDITIONAL SKETCH OR DESCRIPTION

Total Square Feet of Excavation \_\_\_\_\_ x \$2.00 SF + \$25.00 = \$ \_\_\_\_\_ (permit fee)