



CITY OF CAÑON CITY

Engineering Department

P.O. Box 1460 • 128 Main Street
Cañon City, CO 81215-1460
(719) 269-9011 • www.canoncity.org

30 DAY ROW PERMIT EXCAVATION/ ENCROACHMENT

| | |
|-----------|--|
| PERMIT #: | TBD APPROVED BY (CITY REP INITIALS): _____ |
| DATE: | _____ |
| TIME: | _____ |

| | |
|---|-------|
| APPLICANT INFORMATION: Work in the City Rights-of-Way require a current license, insurance and bond with the City of Cañon City. ROW closure do not require a bond | |
| COMPANY NAME: | _____ |
| ADDRESS: | _____ |
| CITY: | _____ |
| STATE: | _____ |
| ZIP: | _____ |
| PHONE: | _____ |
| EMAIL: | _____ |
| AUTHORIZED REP: | _____ |
| PHONE: | _____ |
| EMAIL: | _____ |

ROW/ SITE INFORMATION: MARK ALL THAT APPLY

| | | | | |
|-----------------------------|------------|--------------|----------------------|-------------------|
| TYPE OF PERMIT APPLICATION: | EXCAVATION | PAVEMENT CUT | ROAD OR LANE CLOSURE | ENCROACHMENT ONLY |
|-----------------------------|------------|--------------|----------------------|-------------------|

Permit and cut fees will be billed out following the completion of the project. Inquiries regarding permit fees can be estimated by the Public Works Inspector.

| | | | | | |
|--------------------|----------------------|---------------------|----------------|------------------|----------|
| PURPOSE (OF WORK): | UTILITY INSTALLATION | NEW UTILITY SERVICE | UTILITY REPAIR | CONCRETE/ PAVING | OVERHEAD |
|--------------------|----------------------|---------------------|----------------|------------------|----------|

| | |
|---------------------|------------------------|
| LOCATION: (ADDRESS) | LOCATION:(DESCRIPTION) |
| STREET ADDRESS: | _____ |
| CITY: | CAÑON CITY |
| STATE: | CO |
| ZIP: | 81212 |

| |
|-----------------------------------|
| PURPOSE: (TEXT FIELD DESCRIPTION) |
|-----------------------------------|



Know what's below.
Call before you dig.

CONTRACTOR MUST CALL DISPATCH (719) 276-5600 TO NOTIFY FIRE, POLICE, & AMBULANCE

SKETCH OF PROPOSED EXCAVATION:

ATTACH SKETCH OF PROPOSED WORK AREA TO INCLUDE LOCATION, CROSS STREETS, & OTHER RELATIVE INFORMATION AS REQUIRED

| | | | |
|---------------------------------|-------|-------------------------------|-------|
| ESTIMATED DATE OF COMMENCEMENT: | _____ | ESTIMATED DATE OF COMPLETION: | _____ |
|---------------------------------|-------|-------------------------------|-------|


SIGNATURE: Please verify below or sign in the space provided.

In accepting this permit the undersigned, representing the Permittee, verifies that he has read and understands all applicable resolutions, ordinances, rules and regulations; that he has authority to sign for and bind the Permittee, that the Permittee is a licensed contractor with the City and the appropriate bond has been submitted: and that by virtue of his signature the Permittee is bound by all conditions applicable. For information regarding rules and City specifications please visit www.canoncity.org.

| | | | |
|---------------------|-------|-------|-------|
| REPRESENTATIVE NAME | _____ | DATE: | _____ |
|---------------------|-------|-------|-------|

SITE PLAN

Indicate North



I/WE HEREBY CERTIFY THAT THE PROPOSED CONSTRUCTION WILL CONFORM TO THE DIMENSIONS AND USES SHOWN ABOVE AND THAT NO CHANGES WILL BE MADE WITHOUT PRIOR APPROVAL FROM THE CANON CITY BUILDING DEPARTMENT.

PRINT NAME

SIGNATURE OF OWNER/CONTRACTOR