



# CITY OF CAÑON CITY

## Engineering Department

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

### 30 DAY ROW PERMIT EXCAVATION/ ENCROACHMENT

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

<b>APPLICANT INFORMATION:</b>		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:			AUTHORIZED REP: PHONE: EMAIL:	
ADDRESS:				
CITY:				
STATE:				
ZIP:				
PHONE:				
EMAIL:				
<b>ROW/ SITE INFORMATION: MARK ALL THAT APPLY</b>				
<b>TYPE OF PERMIT APPLICATION:</b>		<b>EXCAVATION</b>	<b>PAVEMENT CUT</b>	<b>ROAD OR LANE CLOSURE</b>
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.				
<b>PURPOSE (OF WORK):</b>		<b>UTILITY INSTALLATION</b>	<b>NEW UTILITY SERVICE</b>	<b>UTILITY REPAIR</b>
			<b>CONCRETE/ PAVING</b>	<b>OVERHEAD</b>
LOCATION: (ADDRESS)		LOCATION:(DESCRIPTION)		
STREET ADDRESS:				
CITY:	CAÑON CITY			
STATE:	CO			
ZIP:	81212			
PURPOSE: (TEXT FIELD DESCRIPTION)				
<b>CONTRACTOR MUST CALL DISPATCH (719) 276-5600 TO NOTIFY FIRE, POLICE, &amp; AMBULANCE</b>				
<b>SKETCH OF PROPOSED EXCAVATION:</b>				
ATTACH SKETCH OF PROPOSED WORK AREA TO INCLUDE LOCATION, CROSS STREETS, & OTHER RELATIVE INFORMATION AS REQUIRED				
ESTIMATED DATE OF COMMENCEMENT:			ESTIMATED DATE OF COMPLETION:	
<b>SIGNATURE:</b> 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 <a href="http://www.canoncity.org">www.canoncity.org</a> .				
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.

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PRINT NAME

SIGNATURE OF OWNER/CONTRACTOR