CITY OF PRESCOTT
ENGINEERING SERVICES DEPARTMENT
201 S. Cortez, Prescott, AZ 86301 (928) 777-1269

RIGHT-OF-WAY PERMIT APPLICATION

PERMIT #: _____ *DATE: _____

*JOB ADDRESS: _____ PARCEL #: _____

*START DATE: _____ COMPLETION DATE: _____

*DESCRIPTION OF WORK: _____
_____
_____

OWNER NAME: _____

OWNER'S ADDRESS: _____

CONTACT PHONE: _____ FAX NO: _____

*APPLICANT NAME: _____

*APPLICANT'S ADDRESS: _____

*CONTACT PHONE: _____ FAX NO: _____

*CONTRACTOR'S NAME: _____

*CONTRACTOR'S ADDRESS: _____

*CONTACT PHONE: _____ FAX NO: _____

*CONTRACTOR'S REGISTRATION/CLASSIFICATION: _____

**** PLEASE ATTACH ONE (1) COPY OF THE TRAFFIC CONTROL PLAN TO THE APPLICATION FOR REVIEW****

I understand that the City ENGINEERING SERVICES DEPARTMENT (777-1140) shall be notified of all work within right-of way one business day prior to starting work. If work is not inspected by the City, the contractor may be required to remove/modify work to allow for City inspection, at the contractor's expense.

SIGNATURE: _____DATE:_____

(FOR OFFICE USE ONLY)	
City of Prescott **Engineering Division** ☐ **Approved** ☐ **Not Approved** **Signed** **Date**	**Approved Traffic Control Plan Attached** ☐ **Yes** ☐ **No** **Start Date:**_____ **Completion Date:**_____ **Permit Fee $**_____ **Acct. (7-630-0)**

Rev 7/20/07