

APPLICATION TO WORK IN THE PUBLIC RIGHT-OF-WAY

Park City Municipal Corporation, City Engineer's Office, PO Box 1480, 445 Marsac Avenue, Park City, UT 84060
435-615-5056, engineering_submittals@parkcity.org, www.parkcity.org (permit is available to be filled out on-line)

OFFICE USE ONLY

PROJECT ADDRESS/LOCATION: _____ PERMIT #: _____
PROJECT START DATE: _____ PROJECT END DATE: _____
CONTRACTOR NAME: _____ CONTRACTOR 24-HOUR PHONE: _____
CONTRACTOR MAILING ADDRESS: _____
CONTRACTOR EMAIL: _____
PROJECT DESCRIPTION: _____

WORK TYPE: Residential Commercial Utility Landscaping Driveway
WILL WORK DISTURB ASPHALT OR CONCRETE? Yes No

***ALL PATCHWORK DONE BETWEEN OCT. 15 & APR. 15 WILL BE CONSIDERED TEMPORARY. CONTRACTOR WILL BE RESPONSIBLE TO PERMANENTLY PATCH THE AREA AFTER APR. 15**
***ALL CONCRETE AND ASPHALT WORK REPAIRS MUST BE COMPLETED WITHIN 10 WORKING DAYS OF COMPLETION OF UTILITY WORK**

REQUIREMENTS:

PROOF OF CURRENT CONTRACTOR'S LICENSE: LICENSE # _____ EXP DATE: _____

FEES:

Permit Application Fee: \$200
Standard Guarantee: \$2,000

*If PCMC determines amount of work in ROW to exceed \$2000, a separate fee schedule shall be used.

INSURANCE:

Proof of Liability Insurance in the Amount of \$2,000,000. (Submit with Permit Application)

*Name as Additionally Insured: Park City Municipal Corporation, PO Box 1480, Park City, UT 84060.

GUARANTEE shall be held for a minimum of one year after the final work inspection as a warranty guarantee. After one year, if the work in the Right-of-Way (R.O.W.) passes the final R.O.W. inspection the GUARANTEE shall be released. The payer is responsible to notify the City of any change of address from what is here listed. If the work does not pass the final R.O.W. inspection, the City will notify the payer of non-compliance, and the payer shall be responsible for resolving the non-compliance prior to the City releasing the GUARANTEE. If the payer does not remedy the non-compliance, it is agreed that the City shall have the right to use the GUARANTEE to remedy the non-compliance, and should these funds be insufficient, the payer shall pay the deficiency.

RETURN OF GUARANTEE:

- Contractor (same address as above)
 Other (Property Owner, etc.)

NAME: _____
MAILING ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE #: _____
EMAIL: _____

I certify that all work will be completed in accordance with Park City's Construction Standards and Conditions of Permit Approval. I acknowledge that as the Contractor I am responsible for the full cost of any repairs if the Guarantee does not cover the City's cost.

Print Name: _____ Signature: _____ Date: _____

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SCHEDULE INSPECTIONS 24 HOURS IN ADVANCE...435-615-5071

APPROVED ON: _____ DAY OF _____ 20 _____ ENGINEER APPROVAL: _____