

**Expires:** \_\_\_\_\_

(2 Years from Issuance)

## **TOWN OF COPPER CANYON**

400 Woodland Drive, Copper Canyon, TX 75077

940-241-2677 Fax: 940-241-2727

### **APPLICATION FOR USER/CONTRACTOR REGISTRATION PUBLIC RIGHTS-OF-WAY**

**DATE:** \_\_\_\_\_

**FEE: \$200.00**

**APPLICANT:**

COMPANY NAME: \_\_\_\_\_

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

CITY/STATE/ZIP: \_\_\_\_\_

PHONE - BUSINESS: \_\_\_\_\_

PRIMARY CONTACT: \_\_\_\_\_

PHONE - CELL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE - CELL (24 Hr.): \_\_\_\_\_

#### **TOWN REGISTRATION REQUIREMENTS:**

How many lineal feet of right-of-way will the work involve? \_\_\_\_\_

Will the work contain two or less street or creek (ditch) crossings? \_\_\_\_\_

Will the work take five consecutive days or less to complete? \_\_\_\_\_

Will the work involve only local repairs? If so, please detail. \_\_\_\_\_

Will the work involve any road or lane closures? \_\_\_\_\_

Will the work involve the cutting or breaking of pavement or curbs? \_\_\_\_\_

DETAIL THE TYPE OF FACILITIES USER WILL CONSTRUCT, INSTALL, OR MAINTAIN:

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

LIST ALL CONTRACTORS AND SUBCONTRACTORS IF DIFFERENT FROM APPLICANT:

NOTE: All Contractors and Subcontractors must also register individually.

Attach a separate page for additional names.

COMPANY NAME: \_\_\_\_\_

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

CITY/STATE/ZIP: \_\_\_\_\_

PHONE - BUSINESS: \_\_\_\_\_

PRIMARY CONTACT: \_\_\_\_\_

PHONE - CELL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE - CELL (24 Hr.): \_\_\_\_\_

**CONSTRUCTION PERMIT REQUIRED - SEE SEPARATE APPLICATION.**

<b>INSURANCE REQUIREMENTS:</b>
Attach Certificate of Insurance - Section 9.341, Ordinance No. 06-224.
<b>INDEMNITY:</b> Except as to Certificated Telecommunications Providers, each Permittee placing facilities in the Public Rights-of-Way shall agree to promptly defend, indemnify and hold the Town harmless from and against any and all claims, demands, suits, causes of action and judgments for (a) damage to or loss of the property of any person (including, but not limited to the user, a Permittee, its agents, officers, employees and subcontractors, Town's agents, officers and employees, and third parties); and/or (b) death, bodily injury, illness, disease, loss of services or loss of income or wages to any person (including, but not limited to the agents, officers, contractors, subcontractors and employees of the user, a Permittee or the Town and third parties), arising out of, incident to, concerning or resulting from the negligent or willful act or omissions of the Permittee, its agents, employees and/or subcontractors, in the performance of activities pursuant to this Article. This indemnity provision shall not apply to any liability attributable to the negligence of the Town, its officers, employees, agents, contractors or subcontractors. The provisions of this indemnity are solely for the benefit of the Town and are not intended to create or grant any rights, contractual or otherwise, to any other Permittee or entity.

**APPLICANT:**

The undersigned represents and warrants that he is fully authorized to execute this Application on behalf of the named Applicant.

\_\_\_\_\_  
**Signature of Authorized Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Title or Position**