Expires:	
(On a Va au fuana	l = = : : = :=

(One Year from Issuance)

TOWN OF COPPER CANYON

400 Woodland Drive, Copper Canyon, TX 75077 940-241-2677 Fax: 940-241-2727

PERMIT APPLICATION MAJOR CONSTRUCTION IN PUBLIC RIGHT-OF-WAY

	DATE:		
	FEE:	\$200.00 + Professional Fees	_
APPLICANT:			
COMPANY NAME	:		
ADDRESS:			
CITY/STATE/ZIP:		PHONE -	- BUSINESS:
PRIMARY CONTA	ACT:	PHONE -	- CELL:
EMERGENCY CO	NTACT:	PHONE -	- CELL (24 Hr.):
OWNER(S) OF AI	LIACENT PROPERT	Y(IES) - Use Additional Sheet if n	aprossary.
	JOAOLINI I ROI LIKI	T(120) - 03c Additional officet if it	iccessury.
NAME:			
ADDRESS:			
CITY/STATE/ZIP:		PHONE -	- BUSINESS:
PRIMARY CONTA	ACT:	PHONE -	- CELL:
EMERGENCY CO	NTACT:	PHONE -	- CELL (24 Hr.):
	TOWN REG	SISTRATION REQUIREM	MENTS:
Three (3) sets of c	onstruction plans that	include the following:	
	The proposed location and route of all facilities within Public Rights-of-Way to be		
Ш	constructed, installed	d, expanded, replaced, removed or	maintained.
	The location of all Pu	ublic Rights-of-Way boundaries at tl	he proposed facilities.
	A description of all existing Town utilities that could potentially conflict with applicant's proposed route, including Town profiles, if available, when crossing any Town utility.		
	A description of the type and size of facilities the applicant proposes to install.		
	A description of any bores or trenches the applicant proposes to dig, and any handholes, manholes, switchgear, transformers, pedestals, etc. the applicant proposes to install, showing the approximate depth of such construction and installations along with any variance from standard Town trenching details.		
	Town construction re	•	
	sizes if required.	Ill equipment (pedestals, transforme	,
	Administrator or des		
		d installation methods to be emplond facilities within or adjacent to the	
		of drawings submitted by applicant.	
	-	lan, to the extent required by the To andards, as amended.	own's Engineering Design Criteria

Date of Scheduled Commen	cement of work:	
Estimated Completion Date:		
INSURANCE REQUIREMEN	ITS:	
Attach Certificate of Insurance	e - Section 9.341, Ordin	ance No. 06-224.
APPLICANT:		
The undersigned represents the named Applicant.	and warrants that he is f	ully authorized to execute this Application on behalf of
		= _
Signature of Authorized Rep	esentative	
Print Name	Date	_
Title or Position		-