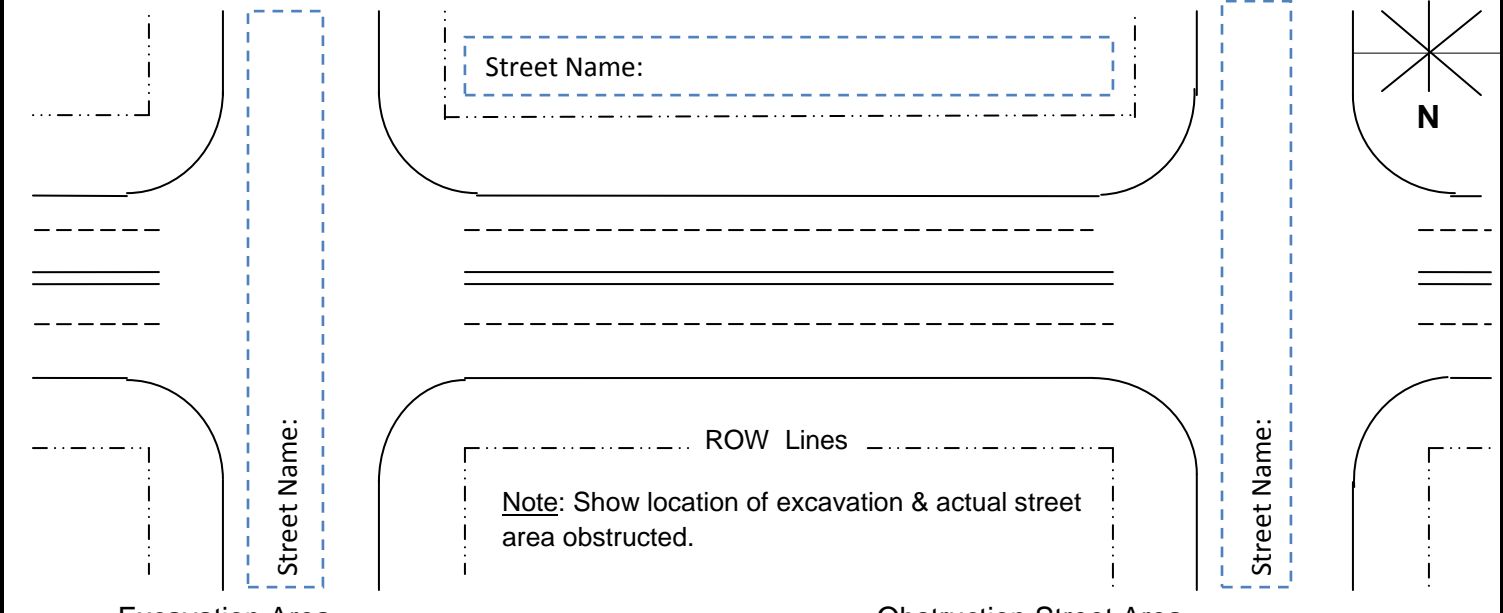




Right-of-Way Obstruction / Excavation Application

Name	Address	Phone
Applicant: _____	_____	_____
Facility Owner: _____	_____	_____
Contractor: _____	_____	_____
Person in charge of the job: _____	24-hour Phone: _____	
Work in: (Street) _____	<input type="checkbox"/> Paved Street <input type="checkbox"/> Unpaved Street	
	<input type="checkbox"/> Border Area <input type="checkbox"/> Sidewalk / Drive Approach	
From: (Street) _____	To: (Street) _____	
Address Served: (If Applicable) _____		
Anticipated Start Date: _____	Anticipated Completion Date: _____	
Extension: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Extensions Required: _____	
Type of Work: <input type="checkbox"/> Plumbing <input type="checkbox"/> Other (Specify) _____		
Project Description: _____		

G.I.S Plans Submitted: Yes No Not Applicable (Service Connection or Existing Facility Repair)



<u>Excavation Area</u>	<u>Obstruction Street Area</u>	
In Street (sf): _____	Number of Lanes: _____	Length of Facility (lf): _____
In Border Area (sf): _____		Length of Full Width Obstruction (lf): _____

I hereby certify that I am the contractor or agent of the contractor and that the work described on this application will be performed in accordance with all applicable specifications, regulations, permit conditions, and traffic control requirements. I further agree, on behalf of the (contractor/owner) to indemnify, defend and hold the City harmless, as more specifically provided on the reverse side of this application.

* Signature _____ Date _____

Print Name _____

*Must be signed by a licensed Plumber or authorized signer if the excavation is in conjunction with a plumbing permit.



Right-of-Way Obstruction / Excavation Application

- Facility Owners shall have a current license, lease, or franchise with the City of Des Moines.
- Contractors or Facility Owners doing work with their own crews shall have a valid Performance & Maintenance Bond and Insurance on file with the City of Des Moines.
- Plumbers shall have a current Plumbing Contractor License and Certificate of Liability Insurance.

Indemnification

INDEMNIFICATION (HOLD HARMLESS) PROVISION: To the fullest extent permitted by law, the permittee agrees to defend, pay on behalf of the City of Des Moines, Iowa, its elected and appointed officials, employees and volunteers and others working on behalf of the City of Des Moines, Iowa, against any and all claims, demands, suits, or loss, including any and all outlay and expense connected therewith, and for any damages which may be asserted, claimed or recovered against or from the City of Des Moines, Iowa, its elected and appointed officials, employees, volunteers or others working on behalf of the City of Des Moines, Iowa, by reason of personal injury, including bodily injury or death, and property damages, including loss or use thereof, which arises out of the use of City of Des Moines, Iowa, right-of-way or any work and/or services performed by the permittee pursuant to the provisions of the permit.

It is the intention of the parties that the City of Des Moines, Iowa, its elected and appointed officials, employees, volunteers or others working on behalf of the City of Des Moines, Iowa, shall not be liable or in any way responsible for injury, damage, liability, loss or expense incurred by the permittee, its officers, employees, subcontractors, and others affiliated with the permittee due to accidents, mishaps, misconduct, negligence or injuries either in person or property resulting from the use of City of Des Moines, Iowa, right-of-way or any work and/or services performed by the permittee pursuant to the provisions of the permit.

Right-of-Way Permit fee Worksheet

Excavation Permit

Fee Component/Permit	Fee	Sq. Ft.	Work Period*	Sum	Basis
Administrative	\$20.00			\$20.00	per permit
Disruptive cost component (Per square foot of the actual area obstructed and type of street. Street closure means the actual obstruction of the whole street block.)	\$0.20	x _____	x _____	= \$0.00	Principal Arterial
	\$0.15	x _____	x _____	= \$0.00	Minor Arterial
	\$0.10	x _____	x _____	= \$0.00	Collector
	\$0.05	x _____	x _____	= \$0.00	Residential
Inspection cost component (per square foot of excavated area. Minimum 100 sq.feet per permit. This fee is waived if restoration is done by City.)	\$0.35	x _____		\$0.00	
Sidewalk and/or drive approach inspection (Waived when done with street excavation inspection)	\$35.00	Each		\$20.00	TOTAL

Obstruction Permit

Fee Component/Permit	Fee	Sq. Ft.	Work Period*	Sum	Basis
Administrative	\$20.00			\$20.00	per permit
Disruptive cost component (Per square foot of the actual area obstructed and type of street. Street closure means the actual obstruction of the whole street block.)	\$0.20	x _____	x _____	= \$0.00	Principal Arterial
	\$0.15	x _____	x _____	= \$0.00	Minor Arterial
	\$0.10	x _____	x _____	= \$0.00	Collector
	\$0.05	x _____	x _____	= \$0.00	Residential
				\$20.00	TOTAL

* Enter the number of work periods (10 days when performing own restoration or 5 days when Public Works restores) needed to complete the work. Enter "1" if no working day extensions are needed.