

RIGHT-OF-WAY ALTERATION PERMIT APPLICATION

County Route: _____

Project Name: _____

Date: _____

1. APPLICANT INFORMATION.

a. **Applicant** _____

Firm Name

Address

Telephone

Fax

E-mail address

b. **Engineer** _____

Firm Name

Address

Telephone

Fax

E-mail address

h. **Other (specify: attorney, surveyor, land planner, soil scientist, landscape architect)**

Contact Person

Firm Name

Address

Telephone

Fax

E-mail address

- i. **Other (specify: attorney, surveyor, land planner, soil scientist, landscape architect)**

Contact Person

Firm Name

Address

Telephone

Fax

E-mail address

2. **APPLICATION FEES**

Application fees in the amount of \$450 are included with this application.

3. **LETTER (S) OF CREDIT (MAY BE REQUIRED)**

- a. Design Review Letter of Credit for Consultant Name:

- (1) Issuing institution _____
(2) Telephone number _____
(3) Letter of Credit Number _____
(4) Amount _____
(5) Expiration Date _____

- b. Construction Observation and Compliance Letter of Credit

Note: This shall be provided once the permit and the estimate of cost have been approved. It shall be in the amount of the approved estimate of cost x 125%. The permit shall remain in force for 12 months from the date of issuance, unless the County Engineer grants an extension.

4. **CERTIFICATE OF INSURANCE**

The undersigned Applicant agrees to submit the required Certificate of Insurance prior to the issuance of this permit.

6. **SIGNATURES**

Applicant (Signature)

Date