

Office of the City Engineer  
 20 N 6<sup>th</sup> Street  
 Lafayette, IN 47901-1412  
 765-807-1050  
 www.lafayette.in.gov



**RIGHT OF WAY PERMIT  
 APPLICATION**

**PROJECT #:** \_\_\_\_\_

**REQUIRED INSPECTIONS**

You are required to notify the city 48 hours in advance of requested inspections. To schedule inspections call (765) 807-1032. If you are doing tree work please call (765) 807-1041. Failure to schedule inspections may result in fines and denial of future permits.

- (1) Preliminary inspection (prior to pouring concrete or spreading asphalt; not required for planting strip work);
- (2) Final inspection (required for all work in city right of way including planting strips).

**APPLICANT INFORMATION**

_____	_____
NAME	PHONE
_____	_____
ADDRESS	EMAIL

**PROPERTY OWNER INFORMATION (if different from applicant)**

_____	_____
NAME	PHONE
_____	_____
ADDRESS	EMAIL

**CONTRACTOR INFORMATION**

_____	_____
COMPANY NAME	PHONE
_____	_____
ADDRESS	EMAIL

**CURRENT 10K BOND & COMMERCIAL LIABILITY INSURANCE?**       YES       NO

**DESCRIPTION OF RIGHT OF WAY WORK**

_____	_____	_____
LOCATION/ADDRESS	LOT #	SUBDIVISION

NEAREST CROSS STREET: \_\_\_\_\_

DRIVE APPROACH:     NEW    REPLACE    WIDEN

SIDEWALK:             NEW    REPLACE

TREE WORK:           NEW    REMOVE & REPLACE    REMOVE    PRUNING

TYPE OF CUT:         ASPHALT PAVEMENT    CONCRETE PAVEMENT    ASPHALT OVER CONCRETE PAVEMENT

START DATE: _____	END DATE: _____
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*Please give us a brief description of the work including the size and location (site plan may be required).*

I certify that I am the owner, or legal agent of the owner, of the real estate subject to this application or I have been authorized by the owner, or legal agent of the owner, to submit this application (separate Letter of Consent required).

\_\_\_\_\_  
 Owner/Authorized Agent Name

\_\_\_\_\_  
 Owner/Authorized Agent Signature

\_\_\_\_\_  
 Date

