



83 West Main Street
Hyrum, Utah 84319
Tel. (435) 245-6033
Fax (435) 245-4807

RIGHT OF WAY PERMIT APPLICATION

CONTRACTORS INFORMATION:

Contractors Business Name: _____ State Lic.# _____

Contractors Address: _____ Phone # _____

Sub Contractor: _____ State Lic.# _____

Sub Contractor: _____ State Lic.# _____

Engineer's Name: _____ Phone # _____

Project Name: _____

Job Site Address: _____

Start Date: _____ End Date: _____

___ Proof of Liability Insurance

___ Bond- Amount \$ _____

___ Site Plan ___ Approved

___ SWPPP ___ NOI (If disturbing more than 1 acre)

WORK TYPE:

Description of work to be completed as per site plan (Attachments as needed)

Applicant's Signature Date

Office Use:

Reviewed by: _____ Date Received: _____