



City of West Burlington

City Clerk's Office | clerk@westburlingtoniowa.gov

(319)752-5451

122 Broadway Street

West Burlington, IA 52655

RIGHT-OF-WAY EXCAVATION APPLICATION

PERMITTEE INFORMATION

Applicant Name: _____

Company/Organization: _____

Contact Person: _____

Address: _____

Phone Number: _____ Email: _____

FACILITY / PROPERTY OWNER INFORMATION

Business/Company Name: _____

Business/Company Phone: _____ Email: _____

Mailing Address: _____

CONTRACTOR INFORMATION

Business/Company Contracted for the Project: _____

Business/Company Phone: _____ Email: _____

Mailing Address: _____

Project Supervisor Name: _____

24 HR Phone: _____ Email: _____

Does Contractor have a bond on file? Yes No (please attach copy)

RIGHT-OF-WAY INFORMATION SELECT AND COMPLETE APPLICABLE FIELD(S)

CITY UTILITY #		NON-CITY UTILITY #		MISCELLANEOUS #	
<input type="checkbox"/> Storm Sewer		<input type="checkbox"/> Gas		<input type="checkbox"/> Tree	
<input type="checkbox"/> Sump Pump		<input type="checkbox"/> Telephone		<input type="checkbox"/> Other (specify):	
<input type="checkbox"/> Sanitary Sewer		<input type="checkbox"/> Electric			
<input type="checkbox"/> Water Service		<input type="checkbox"/> Cable			
<input type="checkbox"/> Street Repair		<input type="checkbox"/> Small Wireless Cell			

COMPLIANCE AND SAFETY

Describe Safety Measures: _____

Describe Traffic Control Plan (if applicable): _____



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PROJECT INFORMATION

Project Start Date: _____ Project Completion Date: _____

Describe Project and Purpose: _____

Location of Right-of-Way Excavated (Ex. 100 blk Broadway St, east ROW): _____

Work will be done in: Street Alley ROW Easement Other *

*If Other, specify: _____

Total # of Square Feet Excavated: _____

Describe the Material Installed in ROW: _____

Depth of the Underground Material *Installed (max depth allowed 4ft):* _____

Type of Excavation: Digging Trenching Boring Other (specify) _____

Surface Type Project will Impact: Concrete Asphalt Sealcoat Gravel Grass

Party Responsible for ROW Restoration: Applicant Property Owner Subcontractor

REQUIRED ATTACHMENTS

- Engineering Site Plans: identifying current infrastructure, any manholes, sizes, types, and depth of any conduit or other enclosures
- Proof of General Liability Insurance: naming the city as an additional insured, not less than \$1,000,000 with a maximum deductible of \$5,000

COMPLIANCE ACKNOWLEDGEMENT

- I certify that the information provided in this application, and in all supporting plans and documents, is true and accurate to the best of my knowledge and I acknowledge that I have a continuing obligation to inform the city if there is a change in the information contained in this application.
- I acknowledge that the City of West Burlington shall be indemnified and held harmless for any damage arising from the project and shall defend the city in any related legal actions and cover any resulting judgments or decrees.
- I certify that I have read and understand the requirements listed in Chapter 135 and Chapter 113 of the City of West Burlington, Iowa City Code.
- I acknowledge compliance with all applicable state and federal laws, as well as city guidelines.

Signature of Applicant: _____

Date: _____



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FEES

An excavation fee will be charged to any person or entity excavating within the city's right-of-way*. This excavation fee will cover costs for street degradation and replacement, inspection and obstruction and routing of pedestrian and vehicle traffic.

The general excavation fee shall be assessed at a rate of \$100/ location. The city may waive all or part of this fee if such work is done in conjunction with city construction. The fee will be due prior to work starting.

** Entities utilizing a franchise with the City of West Burlington are not subject to right-of-way excavation fees.*

>>> OFFICIAL USE ONLY <<<<

Application Fee: \$100

Additional Locations Fee: \$

TOTAL DUE: \$

Date Application Submitted: _____

Date Permit Issued: _____

Approved by: _____

Date Approved (not approved until payment is received): _____

Permit Denied for: _____

