

## **CITY OF NEW PLYMOUTH**

301 N Plymouth Ave PO Box 158 New Plymouth, ID 83655 Phone: 208-278-5338

Phone: 208-278-5338 Fax: 208-278-5330 beau@npidaho.com

## **Fee: \$50.00** Date Paid: \_\_\_\_\_\_ (Cash, Check, Card)

Permit #: \_\_\_\_\_

## RIGHT-OF-WAY APPLICATION APPROACHES

Notice: This permit shall not be valid for excavation until, or unless, the provisions of Idaho Code Title 55, Chapter 22 have been complied with. \*Expires ten (10) days from date of issue. \*

	<u>Diglir</u>	ne Phone No: 811 or 1(800)342-1585
PART 1. APPLICANT INFORMATION		
Applicant Name:	Company Name:	
Address:	City, State, Zip:	
Phone Number:	Email:	
Mailing Address: (if different)		
PART 2. STREET INFORMATION		
Surface Type: □ Dirt □ Gravel □ Asphalt		
Street Name:		
Location:		
PART 3. TYPE OF UTILITITY OR OTHER USE		
☐ Single Residence Driveway		
☐ Multiple Residence Driveway	Width: Distant	ace from Centerline (ft):
Number Served:	Estimated ADT: Distance from	Right-Of-Way line (ft):
☐ Business Type:	Size of Pipe (in):	
☐ Agriculture	Angle of Crossing:	
☐ Other, Explain:		
*Note: Approach must meet the requirements of LHTAC Standard Approach Policy and 49-221, Idaho Code		
PART 4. DESCRIPTION OF WORK		
Describe the nature of work to be	performed:	Special Provisions:
Start Date: Estimated Completion Date:		
A plan of proposed work and applicable traffic control plans must be attached		
PART 5. INSPECTION REQUIREMENTS		
	Pipe Inspection: ☐ Yes ☐ No	
PART 6. CERTIFICATION AND APPROVAL		
I certify that I am the authorized utility company representative and request permission to construct the above		
facilities within the City of New Plymouth's right-of-way in accordance with the general provisions accompanying this		
form. The special provisions and plans are made a part of this permit.		
Applicant Signature:		Date:
Subject to all terms, conditions and provisions shown on this form or attachments, permission is hereby granted to the		
above-named applicant to perform the work as described above.		
Approved By:		Date: