
Notary as to Owner Date

Notary as to Contractor Date

My Commission Expires: _____

My Commission Expires: _____

OFFICE USE**FEES:**

Application Fee: \$ _____

Other: _____ \$ _____

Total: _____ \$ _____

Paid: _____

**OFFICE USE**

Approved by City Official: _____

Date: _____

Permit # _____

City of Apalachicola Right of Way Use - PERMIT APPLICATION

Contractor's Name: _____ Ph# _____

Address: _____

State License # _____ Business License # _____

Address of Project: _____

Purpose of Permit: _____

Property/Parcel ID# & Legal description: _____

If the application is for a Commercial Project please list the Name of the Business:

Bonding Company: _____ Ph# _____

Architect's/Engineer Name: _____ Ph# _____

- By signing this Right of Way permit Application, the applicant assumes all responsibility for their work and will take all "best practices" precautions available to protect other utilities etc. in this right of way.

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that NO WORK or installation has been commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction.

Purpose of Work requiring City Permitting:

_____ Commercial

_____ Permanent Installation _____ Temporary Installation

_____ Other: _____

Permit Holder AFFIDAVIT: I hereby certify that the information contained in this application is true and correct to the best of my knowledge, and that all work will be done in compliance with all applicable laws regulating the work to be done.

Contractor_____
Date