



Work Permit for Excavation within Public Right-of-Way
City of Fairfield Public Works Dept.

_____ Date

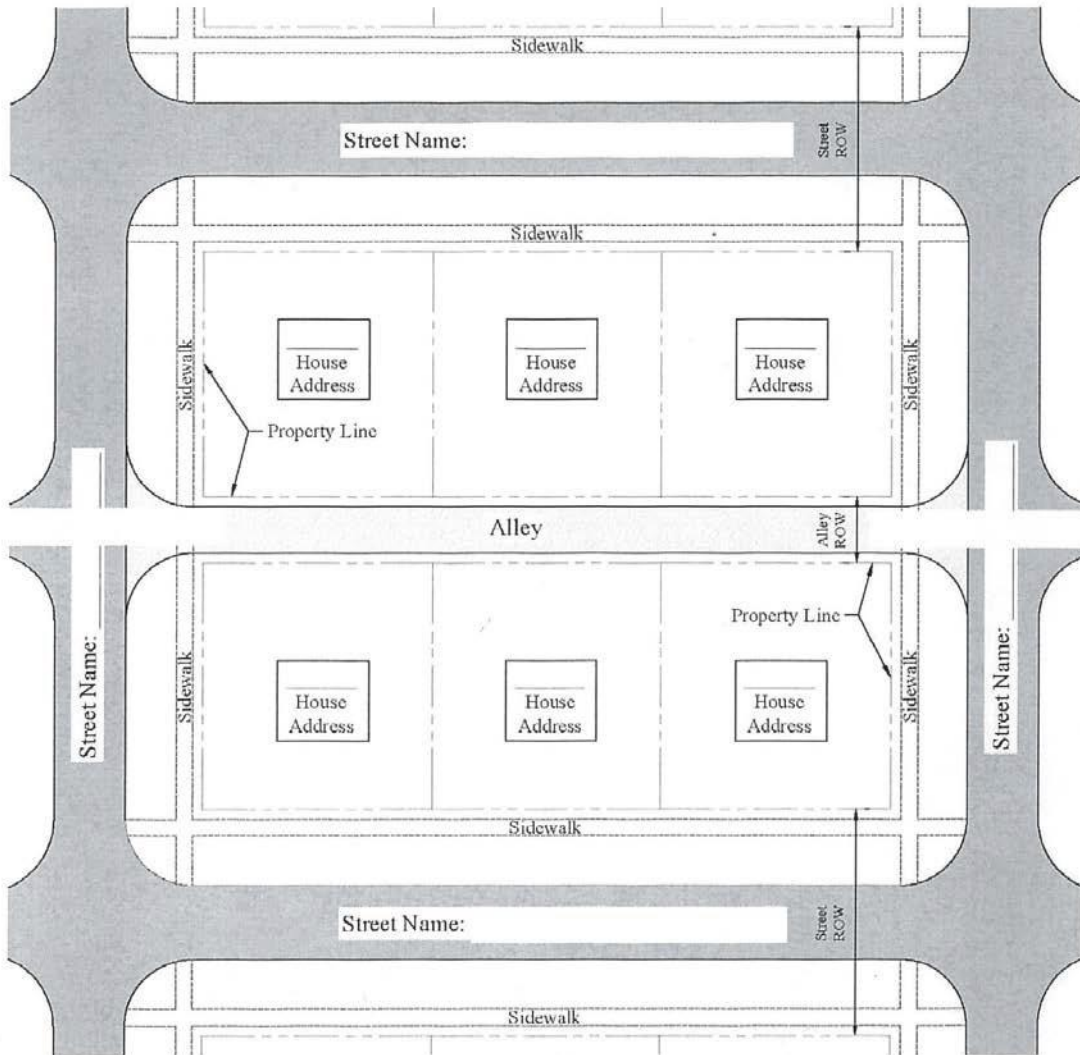
_____ Date of Expiration (3 months)

Name of Property Owner: _____ Phone: _____

Property Owner Address: _____

Work Site Address: _____

LOCATION MAP



Note:

Use the above diagram and modify as needed or submit your own diagram to best show the location of your proposed excavation and traffic control.

Work Permit for Excavation within Public Right-Of-Ways

Contractor Name: _____ Phone: _____

Contractor Address: _____

____ (Y/N) This project will require overnight work, obstruction of traffic, obstruction of sidewalks, or obstruction of parking. If yes, complete below.

TRAFFIC CONTROL

I, _____, the undersigned, do hereby agree to the following rules and regulations:
(Applicant)

- 1) Traffic control is required for any excavation, obstruction of traffic or obstruction of parking within the Right-Of-Way.
- 2) Traffic control is to be set up per Street Superintendent (or designee) specifications and in accordance with the most current version of the MUTCD.
- 3) The City will not deliver, set-up or pick up traffic control rented from the Street Department.
- 4) The Law Center (641-472-4146) shall be notified when closing and reopening any portion of the traveled way.
- 5) The Planning & Zoning Administrator has the right to refer permits to the City Council for approval.

___ I will supply my own traffic control

___ I will rent the following equipment from the City of Fairfield from _____ to _____
(Dates)

TRAFFIC CONTROL RENTAL FEES

1	Deposit \$50 per job (Deposits will be returned after traffic control has been returned to the street shed in original condition)		\$50
	Lighted A-Frame with Flashers	\$20/day	
	Barricade with horses	\$10/day	
	50' of orange fencing with T-posts	\$25/day	
	Signs	\$5/sign/day	
	Cone	\$5/cone/day	
	EQUIPMENT TOTAL		

_____ Deposit Check Number

_____ Check Number

Applicant's Signature

Date

Street Superintendent

Date

Planning and Zoning Office

Date

Office Use

# of items picked up _____	Street Superintendent:	Date:
# of items returned _____	Okay to return deposit:	Date: