



212 Main Street – Lake Dallas, Texas 75065 – (940)-497-2226 – (940) 497-4485 FAX

ROW PERMIT APPLICATION

PROPOSED LOCATION

Address, Street or Description _____

Legal Description: _____

Limits of Work: From: _____ To: _____

CONTACT INFORMATION

UTILITY

CONTRACTOR

Name _____

Name _____

Street Address _____

Street Address _____

City, State, Zip _____

City, State, Zip _____

Phone _____

Phone _____

Cell Phone: _____

Cell Phone: _____

E-Mail Address _____

E-Mail _____

DESCRIPTION OF WORK

Attach Drawing of proposed excavation and approximate location of other utilities.

Proposed Start of Construction: _____

Call 811 for utility locations at least 48 hours before you dig.

Applicant: _____ Date _____

Address _____ Email: _____

Contact: _____ Phone: _____

Will there be a street cut? _____ If yes, reason for cut: _____

PROVIDE ENGINEERING PLANS OR DRAWING.

Will there be a street closure? _____ If yes, PROVIDE A TRAFFIC CONTROL PLAN, to include which lanes will be closed, the time of day, and for how many hours.

Job address: _____

Please check one of the following: _____ Concrete Street _____ Asphalt Street

I hereby certify that I will comply with all requirements outlined on the right-of way excavation permit issued by the City of Lake Dallas.

Signature _____

Date of Review: _____

Signature _____
Public Works Manager

Date of Review: _____

Signature _____
LCMUA Representative

Date Review: _____

Signature _____
Lake Cities Fire Department

Date of Approval: _____

Signature _____
Director of Development Services

Date of Approval: _____

Signature _____
Police Department

Date Issued: _____

Signature _____
Permit Tech