BERNALILLO COUNTY



BARRICADING PERMIT APPLICATION

	NEW SUBMIT			-							
~	RESUBMITTA			- 1	TODAY'S DATE:			PWEP NO.: BARRICADING PERMIT NO:			
Ξ	OWNER					PHONE		Brannor Brann Provi			
	MAILING			CITY		ZIP					
UTILITY	ADDRESS										
¥	CONTRACTOR (CONTRACT PER						PHONE	FAX			
2	MAILING						CITY	ZIP			
CONTRACTOR	ADDRESS										
R	STATE					EXP		INSURA	NCE		
Z	LICENSE NO:					DATE:		EXPIRA			
3						BONDED		BOND			
	CERTIFICATION	NO:				BY:		NO.:			
Z								ZONE			
2	SITE ADDRESS/	DIRECTIONS						NO:			
V											
N.											
ē											
Ż											
E											
SITE INFORMATION											
_											
J	BARRICADING CONTRACTOR					F	PHONE				
Z	MAILING										
AD	ADDRESS					(CITY	ZIP			
S	CONTACT										
BARRICADING	PERSON										
$\mathbf{B}_{\mathbf{A}}$											
	CERTIFICATION	ERTIFICATION NO. TRAFFIC CONTROL PLAN NO:									
	IMPORTANT: Traffic Control Plans must be approved 72 hours prior to any work in the Right-Of-Way										
	The road is:	Paved	Unpaved		aveled			Number of Excavations:			
S											
Ē	Will you cut	Yes	How?	Sav	w Cut						
MA	the	No		Oth	ner Explain:						
R	pavement?								1		
Ĕ	Where is		ack of curb to ROW		ngth:	f	eet	Will you be disturbing a		Yes	
4	the cut?	Under pav					sidewalk? No Other (Specify):		No		
DE	Barricading	Sewer Tap			wer Ext	L		Other (Specity).			
CA	is for:	Water Cut			ater Ext						
Z		New Servi			in Leak			DOSTE			
BARRICADE INFORMATION	LANE WORK ZONE WIDTH: LENGTH:							POSTED SPEED:			
B											
	Proposed Start Date:					Proposed Completion Date:					

SIGNATURE OF APPLICANT

DATE

	BERNALILLO COUNTY USE ONLY		
C/R's		PERMIT	\$
		FEE	

1 of 2 pages - This form must include page 2

BERNALILLO COUNTY PERMIT APPLICATION

	TODAY'S DATE:					CASE NO.:		
			BERNALILLO CO					
					BARRICADING PERMIT NO.:			
BARRICADING APPLICATION FEE:			BARRICADING FEE:		APPROVED DISAPPROVED	FEE	\$	
YES	NO		•			UD	\$	
		TCF	P PLAN APPROVAL			PP	\$	
							\$	
							\$	
						TOTAL	\$	
FEE PAID BY: CHECK NO:								

INSPECTION COMMENTS

SKETCH OF WORK (if needed)

Pa

This form is incomplete without pages