



**SANTA ROSA COUNTY
PUBLIC WORKS DEPARTMENT**

6075 Old Bagdad Highway | Milton, Florida 32583

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APPLICATION

Permit for Construction in the County Right of Way

PERMIT NUMBER (office use only) _____

GENERAL INFORMATION

Name of Applicant or Contact Person _____
 Name of Company Applicant Represents _____
 Return Address _____
 E-mail Address _____
 Proposed Construction _____

 Location 1. Street Address or Road _____
 2. Between _____

TYPE OF WORK/AGREEMENT

Work Required:	<input type="checkbox"/>	Pavement cutting	<input type="checkbox"/>	Curb & Gutter	<input type="checkbox"/>	Sidewalk	<input type="checkbox"/>	Boring	<input type="checkbox"/>
		Other (specify) _____							
Patching Required:	<input type="checkbox"/>	Pavement	<input type="checkbox"/>	Curb & Gutter	<input type="checkbox"/>	Sidewalk	<input type="checkbox"/>	Shoulder	<input type="checkbox"/>
		Other (specify) _____							

It is understood and agreed by Applicant that upon approval of the application and the issuance of a construction permit that all pavement cutting, patching and trenching inspections shall be accomplished in accordance with County requirements. Work shall not be commenced until the written approval is issued to Applicant and shall be completed before construction permit expires. "Grass or sod as needed for shoulder. All Lines to be constructed a minimum of 30" deep." Construction material /debris will not be used to fill in County Right of Way, backfill used for construction of drives, etc. will be clean fill. Short taps where water mains are on same side of pavement as tap-in will not require prior inspection. Applicant will be required to submit plans for work to be done.

Print Name _____ Date _____
 Signature _____ Date _____

APPROVAL/NOTICE OF REPAIRS

Permission is hereby granted to proceed with proposed construction as noted above. Applicant shall be required to notify the Road Department prior to commencement of construction.

Approved for Construction by _____ Date _____
 Patching Inspected Date _____ Patching Approved Date _____

CONSTRUCTION PERMIT EXPIRES:

If repairs to Right of Way are not made according to County standards by the expiration date shown on the permit, the County may elect to perform the repairs at Applicant's expense. Applicant agrees to promptly pay for such expenses. Applicant's failure to reimburse County for such expenses will be cause for Director to refuse to issue Applicant permits for future projects. County accepts no responsibility for and does not herby warrant that it will protect, repair, of finish Applicant's project in the course of making such repairs to County Right of Way.

"I certify that I have read the entire permit and agree to the term stated therein."

Signature _____ Date _____

It is the responsibility of the "Applicant" to notify Santa Rosa County Road Department of the time and date this project will start. Please contact the Road Department via e-mail at PublicWorksAdminTeam@santarosa.fl.gov (preferred), via phone at (850) 626-0191, or via fax at (850) 623-1331.