



**SANTA ROSA COUNTY  
PUBLIC WORKS DEPARTMENT**

6075 Old Bagdad Highway | Milton, Florida 32583

STEPHEN FURMAN, Director  
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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 \_\_\_\_\_

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 hereby warrant that it will protect, repair, or 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](mailto:PublicWorksAdminTeam@santarosa.fl.gov) (preferred), via phone at (850) 626-0191, or via fax at (850) 623-1331.