



DEPARTMENT OF PUBLIC WORKS
 8001 Shin Oak Drive • Live Oak, Texas 78233 Phone:
 (210) 653-9140 ext. 2224 • Fax: (210) 599-3755
 www.liveoaktx.net

APPLICATION FOR PERMIT TO EXCAVATE WITHIN CITY RIGHT-OF-WAY

Application Type	Review Type
<input type="checkbox"/> Single	<input type="checkbox"/> Standard - Permits will be issued or denied within 10 days of application.
<input type="checkbox"/> Joint	<input type="checkbox"/> Expedited - Permits will be issued or denied within 2 days of application.
<input type="checkbox"/> Supplementary (Check Reason) <input type="checkbox"/> Time Extension <input type="checkbox"/> Changes to Original Permit	Fee Schedule*: Typical = \$25.00 whether issued or denied. Expedited = \$250.00 whether issued or denied. * Fees are paid by an applicant when a permit is issued. * <i>Municipally owned utilities, CTP's, SICFA holders and entities with exemptions as stated in a franchise agreement with the City are exempt from all fees.</i>

NOTE: IF SUBMITTING A SUPPLEMENTARY OR EXPEDITED APPLICATION, PLEASE ATTACH WRITTEN REASON FOR REQUEST.

R.O.W. USER (FACILITY OWNER/ OPERATOR) INFORMATION			
PUC Certification # (If applicable):			
SICFA Certification # (If applicable):			
Company:			
Mailing Address:	City:	State:	Zip:
Primary Point of Contact (POC) Name:			
POC Phone #:		POC E-mail:	
Emergency POC Name (If different from Primary POC):			
Emergency POC Phone #:		Emergency POC E-mail:	

GENERAL CONTRACTOR INFORMATION (IF DIFFERENT FROM FACILITY OWNER/ OPERATOR)			
Company:		Live Oak License Number:	
Mailing Address:	City:	State:	Zip:
Primary Point of Contact (POC) Name:			
POC Phone #:		POC E-mail:	
Emergency POC Name (If different from Primary POC):			
Emergency POC Phone #:		Emergency POC E-mail:	

EXCAVATOR/SUBCONTRACTOR INFORMATION (IF DIFFERENT FROM GENERAL CONTRACTOR)			
Company:		Live Oak License Number:	
Mailing Address:	City:	State:	Zip:
Primary Point of Contact (POC) Name:			
POC Phone #:		POC E-mail:	
Emergency POC Name (If different from Primary POC):			
Emergency POC Phone #:		Emergency POC E-mail:	

PROJECT INFORMATION			
Type of Work	Type of Facility		Method of Construction
<input type="checkbox"/> New Construction	<input type="checkbox"/> Electrical	<input type="checkbox"/> Telecom	<input type="checkbox"/> Trenchless
<input type="checkbox"/> Alteration	<input type="checkbox"/> Gas	<input type="checkbox"/> Cable	<input type="checkbox"/> Open Cut
<input type="checkbox"/> Repair/Replace	<input type="checkbox"/> Water	<input type="checkbox"/> Signs	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Sanitary Sewer	<input type="checkbox"/> Sidewalk	
	<input type="checkbox"/> Storm Sewer	<input type="checkbox"/> Driveway	
	<input type="checkbox"/> Other _____		

General Description of Work to be Performed:

Description of installed materials (pipe/ conduit type, diameter, etc.):

Project Location (Street # and Address):

Proposed Start Date (mm/dd/yyyy): Proposed End Date (mm/dd/yyyy):

Proposed Dimensions of Excavation: (L) x (W) x (D)

Are you requesting to excavate in the street? Yes No

If Yes, Parallel or Transverse to the Traffic Lanes? Parallel Transverse

If Yes, Proposed Dimensions of Pavement to be Disturbed: (L) x (W) = Square Feet

Are you requesting to cut the curb? Yes No

Are you requesting to cut the sidewalk? Yes No

Are you requesting to trim or remove any trees? Yes No

MOBILITY IMPACTS

Will the work require any of the following?

Road closure/ Detour Yes No

Road closure/ One Way Traffic with Flaggers Yes No

Lane Closure (Both directions still open) Yes No

Lane shift/ Shoulder closure Yes No

Sidewalk closure Yes No

If answered "Yes" to any of the above, please submit a Traffic Control Plan or sketch with your application.

I hereby certify that I have reviewed the City of Live Oak Ordinance No. 1541 and Utility Excavation Criteria Manual and declare the statements in this application and the attachments hereto are true and correct. I am either the owner or operator of the facility described above or I represent the owner or operator as signified above and am acting with the owner or operator's full knowledge and consent and the facility owner has given permission for this work to proceed. I further certify that all construction work under this permit will conform to the attached plans and specifications and all provisions of standards, regulations, laws and ordinances governing this type of work. Furthermore, all work shall be performed by contractors licensed by the State of Texas (if applicable) and registered with the City of Live Oak.

Name (Print): Signature: Date:

Once completed, this permit application must be presented to the Superintendent of Public Works via one of the following options:

1. Email (with the subject line "Utility Excavation Permit Application") to: emcnew@liveoaktx.net
2. Mailed or delivered to : City of Live Oak
 Department of Public Works
 8001 Shin Oak Drive
 Live Oak, Texas 78233

<u>CITY USE ONLY</u>	
Date Received: _____	Received by: _____
APPLICATION PACKET CHECKLIST	
Required registration information complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electronic maps of existing facilities in the area (PDF)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electronic plans prepared in accordance with City specifications (PDF)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Traffic Control Plan (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fees (if applicable): \$ _____	Received? <input type="checkbox"/> Yes <input type="checkbox"/> No
APPLICATION PACKET CHECKLIST	
Are there any City of Live Oak utility conflicts needing resolution prior to excavation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utility Supervisor: _____	Date Cleared: _____
APPLICATION STATUS	
Application is: _____ Approved _____ Denied	
Reason for denial (if applicable): _____	
Approved/ Denied by: _____	Date Reviewed: _____