

City of South Padre Island
Easement or Right of Way Application



Property Owner Information:

Name: _____
Mailing Address _____
City, State, Zip _____
Phone Number: _____
Fax Number _____
E:mail Address: _____

Owner Signature: _____
Date: _____

Physical Address:

Contractor Information:

Name: _____
Mailing Address _____
City, State, Zip _____
Phone Number: _____
Fax Number _____
E:mail Address: _____

Contractor Signature: _____
Date: _____

Name and phone number of responsible party available 24 hrs. a day incase of emergency:

Name: _____
Phone Number: _____

License and Permit Bond () Yes () No *(one is required)*

PLEASE NOTE: If a TXDOT Permit is required, a ROW Permit cannot be issued until TXDOT Permit has been approved first.

Permit Type

- Easement TXDOT ROW City Right of Way Open Cut Bore

TYPE OF CONSTRUCTION

- Utility Driveway Sidewalk Repair

NOTICE: Please attach a dimensional site plan indicating the existing and proposed improvements
Description

Minimal Site Plan Information (Chapter 16)

- _____ North Arrow
_____ Location and description of existing street and sidewalk
_____ Location and description of existing and proposed utilities
_____ Location and description of existing storm water conveyance
_____ Depth of proposed utility line (standards and specs 2.23)
_____ Exact date the work shall take place and length of time
_____ Traffic Control to be utilized
_____ Additional requirements for driveways and sidewalk (see _____)

Conditions:

1. Call 811 and LMWD to locate and coordination
2. All street and right of way that is distributed by any work shall be restored to as good or better condition than existed immediate prior to any work or excavation.
3. It shall be the responsibility of the permit holder to have repaired any damages to street of the City caused by delivery of materials and/or supplies to construction site, or by the operation of equipment, and said permit holder shall make repairs in the manner and time periods provided by the City.
4. Non-rubber wheeled vehicles are prohibited from being placed upon or operated upon any or operated upon any paved street within the City.
- 5. NO BORE ACTIVITY OR MACHINE DUG EXCAVATIONS SHALL BE PERFORMED WITHIN ANY RIGHT OF WAY BETWEEN THE HOURS OF 12:00 PM FRIDAY THRU 6:00 AM MONDAY.**

- RESUBMIT APPROVED APPROVED AS NOTED

Date: _____

Signature: _____

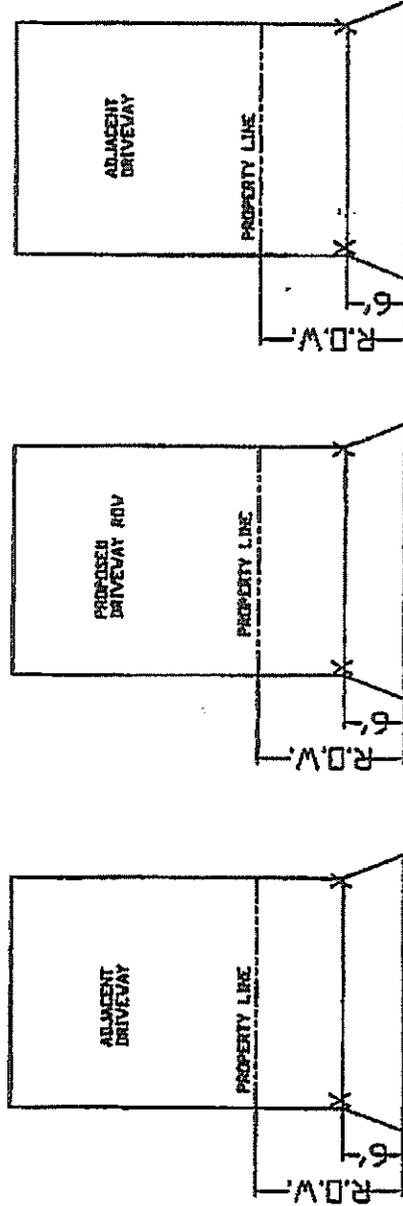
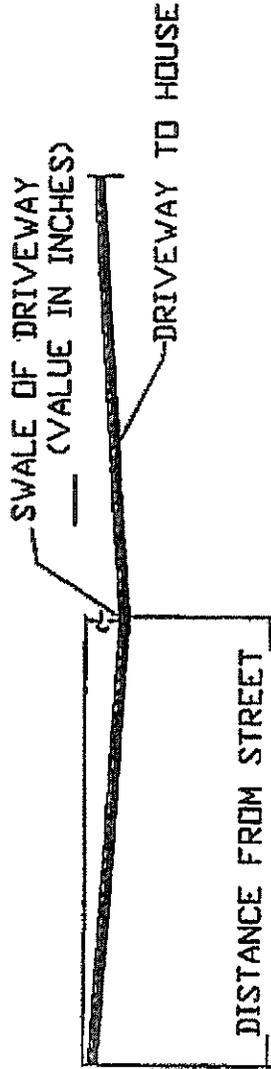
DRIVEWAY/SIDEWALK INSTALLATION FORM

OWNER: _____ CONTRACTOR: _____
 MAILING ADDRESS: _____ MAILING ADDRESS: _____
 PHYSICAL ADDRESS: _____ PHYSICAL ADDRESS: _____
 PHONE: _____ PHONE #: _____
 LOT: _____ BLOCK: _____ SECTION: _____
 SITE PLAN NEEDED WITH PERMIT

STAFF RECOMMENDATIONS _____

PUBLIC WORKS DIRECTOR _____

- PLAN REQUIREMENTS
1. NORTH ARROW
 2. STREET ADDRESS
 3. DATUM, LOCATION & ELEVATION
 4. SWALE GRADE EXISTING
 5. FLOW LINE



X=GIVE ELEVATION OF THESE POINTS