CITY OF NEW PLYMOUTH
301 N Plymouth Ave
PO Box 158
New Plymouth, ID 83655
Phone: 208-278-5338
Fax: 208-278-5330
beau@npidaho.com

RIGHT-OF-WAY APPLICATION
UTILITIES AND ENCROACHMENTS

Fee: $50.00 *Date Paid: _____ (Cash, Check, Card)*

Permit #: _____

Notice: This permit shall not be valid for excavation until, or unless, the provisions of Idaho Code Title 55, Chapter 22 have been complied with.
****Expires ten (10) days from date of issue. ****

Digline Phone No: 811 or 1(800)342-1585

PART 1. APPLICANT INFORMATION

Applicant Name:	**Company Name:**
Address:	**City, State, Zip:**
Phone Number:	**Email:**
Mailing Address: ***(if different)***	

PART 2. STREET INFORMATION

Surface Type: ☐ **Dirt** ☐ **Gravel** ☐ **Asphalt**

Street Name:

Location:

PART 3. TYPE OF UTILITITY OR OTHER USE

Overhead Utility	☐	**Utility Type: _____**
Underground Utility	☐	**Angle of Crossing: _____ Distance from Centerline (ft):_____**
Storm Sewer or Culvert	☐	**Depth (ft): _____ Distance from Right-Of-Way line (ft):_____**
Cable Television Line	☐	**Size of Pipe (in):_____**
Landscape	☐	**Vertical Clearance (ft):_____**

PART 4. DESCRIPTION OF WORK

Describe the nature of work to be performed:

Start Date: _____ Estimated Completion Date:_____
A plan of proposed work and applicable traffic control plans must be attached

Special Provisions:

PART 5. INSPECTION REQUIREMENTS

Backfill Inspection: ☐ **Yes** ☐ **No**	**Pipe Inspection:** ☐ **Yes** ☐ **No**	**Final Inspection:** ☐ **Yes** ☐ **No**

PART 6. CERTIFICATION AND APPROVAL

I certify that I am the authorized utility company representative and request permission to construct the above facilities within the City of New Plymouth's right-of-way in accordance with the general provisions accompanying this form. The special provisions and plans are made a part of this permit.

Applicant Signature: **Date:**

Subject to all terms, conditions and provisions shown on this form or attachments, permission is hereby granted to the above-named applicant to perform the work as described above.

Approved By: **Date:**