



Town of Ponce Inlet
 Planning & Development Dept.
 4300 S. Atlantic Avenue
 Ponce Inlet, FL 32127
 386-236-2181 (voice)
 386-322-6717 (fax)

**RIGHT OF WAY USE
 CONSTRUCTION PERMIT
 APPLICATION**
Pursuant to Section 70-81 of the Code of Ordinances

Date Received: _____

Application #: _____

PROCESSING FEE PAID: _____

Please note: Applications must be completed in full. Incomplete applications will not be accepted.
 Right-of-way work on Atlantic Avenue must be permitted through Volusia County.

SECTION 1: PROPERTY INFORMATION

Property Address	
Tax Parcel Number(s)	
Legal Description	

SECTION 2: PROPERTY OWNER INFORMATION

Owner's Name		Mailing Address	
Phone		Fax	
Email			

Proof of Ownership of adjacent property provided: Deed Tax Bill Other:

SECTION 3: APPLICANT/AGENT INFORMATION (if not property owner)

Applicant Name		Mailing Address	
Phone		Fax	
Agent Name/Title		Mailing Address	
Phone		Fax	

Owner's authorization for agent to apply attached: Yes No

SECTION 4: DESCRIPTION OF WORK

- Open Street Cut
 - Paved Street - Number of cuts _____
 - Unpaved Street - Number of cuts _____
- Bore and Jack - Number of Bore & Jacks _____
- Roadway Construction in connection with a development project
- Other Right-of-Way construction, please describe _____

Two copies of a detailed site plan showing proposed work must be attached for review by town staff.

SECTION 5: RIGHT-OF-WAY USE AGREEMENT

The attached **Right-of-Way Use Agreement** must be signed, notarized and submitted with this application.

SECTION 6: LOCATE TICKET NUMBER REQUIRED

In order to prevent damage to any underground utilities, and pursuant to Florida Statute 556, the person responsible for the work performed under the scope of this application shall call SUNSHINE STATE ONE-CALL OF FLORIDA at 800-432-4770, not less than 2 business days before beginning any excavation/digging that is not beneath the waters of the state and not less than 10 business days before beginning any excavation that is beneath the water of the state.

A Locate Ticket is required with this application.

Locate Ticket # _____

I certify that I am familiar with the information contained in this application, and that to the best of my knowledge such information is true, complete and accurate.

Signature of Applicant or Agent

Date

STATE OF FLORIDA
COUNTY OF VOLUSIA

Affirmed and subscribed before me this _____ day of _____, 20____ by _____,
who is personally known to me or who has produced _____(type of ID) as identification.

Notary Public

My commission expires:

FOR OFFICE USE ONLY:

Public Works Review by: _____ Date: _____

Comments: _____

Planning & Development Review by: _____ Date: _____

Approved

Approved with Conditions (list conditions) _____

Denied (list reason) _____