

CITY OF WHEELER

RIGHT-OF-WAY PERMIT APPLICATION

1. Date: _____ Fee Paid: _____ App. No.: _____
2. Applicant Name / Signature: _____
3. Physical Address: _____ Phone No.: _____
4. Mailing Address: _____
5. Right-Of-Way:
 - (a) Street Name: _____ from intersection with _____ Street, extending _____ feet in a _____ direction or _____
 - (b) Easement location: _____

6. Proposed use of right-of-way: _____

7. Describe any material or vegetation to be removed: _____

8. Describe any material or vegetation to be introduced: _____

9. Attach a plat map with the exact location marked and two color photograph, one taken at each end of the distance indicated in item 5 above.

If the City Manager decides that the City Engineer or Planner should review this application, the applicant will be charged for billed time.

The City Manager will review this application.

NO PERMIT WILL BE ISSUED UNTIL ALL FEES ASSOCIATED WITH THIS APPLICATION ARE PAID IN FULL

Received by: _____ Date: _____ Fee Paid: _____

Date of site visit: _____ Staff Name: _____

Staff comments / recommendations: _____

City Manager final action:

Date: _____ Approved: _____ Denied: _____

Additional Fees:

For: _____ Date Billed: _____ Date Paid: _____