



PROJECT #: \_\_\_\_\_

**REQUIRED INSPECTIONS**

You are required to notify the city 48 hours in advance of requested inspections. To schedule inspections call (765) 807-1032. If you are doing tree work please call (765) 807-1041. Failure to schedule inspections may result in fines and denial of future permits.

- (1) Preliminary inspection (prior to pouring concrete or spreading asphalt; not required for planting strip work);  
 (2) Final inspection (required for all work in city right of way including planting strips).

**APPLICANT INFORMATION**

_____	_____
NAME	PHONE
_____	_____
ADDRESS	EMAIL

**PROPERTY OWNER INFORMATION (if different from applicant)**

_____	_____
NAME	PHONE
_____	_____
ADDRESS	EMAIL

**CONTRACTOR INFORMATION**

_____	_____
COMPANY NAME	PHONE
_____	_____
ADDRESS	EMAIL

**CURRENT 10K BOND & COMMERCIAL LIABILITY INSURANCE?**       YES       NO

**DESCRIPTION OF RIGHT OF WAY WORK**

_____	_____	_____
LOCATION/ADDRESS	LOT #	SUBDIVISION

NEAREST CROSS STREET: \_\_\_\_\_

DRIVE APPROACH:     NEW    REPLACE    WIDEN

SIDEWALK:             NEW    REPLACE

TREE WORK:           NEW    REMOVE & REPLACE    REMOVE    PRUNING

TYPE OF CUT:         ASPHALT PAVEMENT    CONCRETE PAVEMENT    ASPHALT OVER CONCRETE PAVEMENT

START DATE: _____	END DATE: _____
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*Please give us a brief description of the work including the size and location (site plan may be required).*

I certify that I am the owner, or legal agent of the owner, of the real estate subject to this application or I have been authorized by the owner, or legal agent of the owner, to submit this application (separate Letter of Consent required).

_____	_____	_____
Owner/Authorized Agent Name	Owner/Authorized Agent Signature	Date



**CITY PROJECT #:** \_\_\_\_\_

**REQUIRED INSPECTIONS**

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**TYPE OF RIGHT OF WAY WORK (check all that apply):**

<input type="checkbox"/> STREET CUT	<input type="checkbox"/> SIDEWALK or DRIVE APPROACH	<input type="checkbox"/> PLANTING STRIP	<input type="checkbox"/> TREE WORK
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**STREET CUTS AND/OR SIDEWALKS:**

1. PRELIMINARY INSPECTION	PRIOR TO POURING CONCRETE OR SPREADING ASPHALT
2. FINAL INSPECTION	AFTER CONCRETE IS POURED OR ASPHALT IS SPREAD

**PLANTING STRIP:**

1. FINAL INSPECTION	AFTER PLANTING STRIP OR DUG UP AREA IS RESTORED
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**TREE WORK:**

1. FINAL INSPECTION	AFTER TREE WORK IS COMPLETE
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**CONTACT PERSON FOR INSPECTION(S):**

NAME	
EMAIL	
PHONE	

I understand failure to call in the required inspections above may result in fines or denial of future permits.

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date