



CITY OF DOVER DEPARTMENT OF PUBLIC WORKS
 PO Box 475 Dover, DE 19903
 Phone: 302-736-7025 Fax: 302-736-7092 Email: PW@dover.de.us



WIRELESS COMMUNICATION FACILITIES
RIGHT-OF-WAY MAINTENANCE AND/OR
CONSTRUCTION PERMIT

ROW PERMIT NO.: _____ SUBMISSION DATE: _____ APPROVAL DATE: _____

PERMIT FEE OF \$25 TO BE COLLECTED BY THE DEPARTMENT OF PLANNING AND INSPECTIONS.

COMPANY ISSUED TO: _____

CONTACT NAME / PHONE NO.: _____

WORK TO BE PERFORMED BY: _____

DESCRIPTION OF WORK: _____

LOCATION OF WORK (ATTACH SKETCH): _____

ANTICIPATED START DATE: _____ PROJECT DURATION: _____

MAINTENANCE OF TRAFFIC CASE NUMBER: _____

METHOD OF INSTALLATION (OPEN CUT/TRENCHLESS): _____

THE CITY OF DOVER DEPARTMENT OF PUBLIC WORKS CONSTRUCTION MANAGEMENT OFFICE SHALL BE CONTACTED AT LEAST 24 HOURS IN ADVANCE TO THE START OF WORK. PLEASE CALL 302-736-7025.

ALL WORK AUTHORIZED BY THIS PERMIT SHALL BE PERFORMED IN ACCORDANCE WITH CURRENT CITY OF DOVER ORDINANCES, STANDARDS AND PRACTICES, INCLUDING ALL STATE AND FEDERAL REQUIREMENTS AS APPLICABLE, AND SHALL BE REVIEWED ACCORDING TO SAID DOCUMENTS. THE HOLDER OF THIS PERMIT SHALL INDEMNIFY AND SAVE HARMLESS THE CITY OF DOVER OF AND FROM ALL SUITS AND DAMAGES ARISING FROM THE WORK HEREIN PERMITTED WITHIN THE RIGHT-OF-WAY. THE CONTRACTOR SHALL BE RESPONSIBLE FOR DETERMINING LOCATION OF, AND ANY DAMAGE TO, EXISTING UTILITIES. MISS UTILITY OF DELMARVA SHALL BE CALLED AT LEAST 72 HOURS PRIOR TO CONSTRUCTION AT 1-800-282-8555. PROPER SAFETY SIGNS AND ADEQUATE BARRICADES ARE TO BE PLACED PRIOR TO STARTING WORK AS PER THE DELAWARE MANUAL ON UNIFORM TRAFFIC CONTROL DEVICES (MUTCD) PART 6.

WORK SHALL BE COMPLETED WITH AS LITTLE DELAY AS POSSIBLE AND PERFORMED WITH MINIMIZED DISTURBANCE TO TRAFFIC AND THE GENERAL PUBLIC. IN NO CASE SHALL A STREET OR ROADWAY BE CLOSED TO TRAFFIC EXCEPT BY WRITTEN PERMISSION OF THE CITY ENGINEER ON BEHALF OF THE CITY MANAGER. ROADWAY SURFACE SHALL BE REPLACED TO THE SATISFACTION OF THE CITY OF DOVER. THE RIGHT TO WORK UNDER THIS PERMIT EXPIRES 3 MONTHS FROM THE APPROVAL DATE.

_____	_____	_____
PERMITEE AUTHORIZED REPRESENTATIVE (PRINTED)	PERMITEE AUTHORIZED REPRESENTATIVE (SIGNATURE)	DATE
_____	_____	_____
DPW AUTHORIZED REPRESENTATIVE (PRINTED)	DPW AUTHORIZED REPRESENTATIVE (SIGNATURE)	DATE