



PROJECT NAME: _____ DATE ISSUED: _____ JOB NO.: _____

PROJECT ADDRESS: _____ SUBDIVISION NAME: _____

SECTION _____ TOWNSHIP _____ RANGE _____ LOT: _____ BLOCK: _____ PERMIT NO.: _____

APPLICANT'S NAME: _____ PHONE: _____ CELL: _____

APPLICANT'S ADDRESS: _____ FAX: _____

CONTRACTOR'S NAME: _____ PHONE: _____ CELL: _____

PLANS REQUIRED: ___ YES ___ NO PLAN NAME/DATE: _____

LICENSED PUBLIC WORKS CONTRACTOR CONTRACTOR'S INSURANCE ON FILE (EXP. DATE): _____

<input type="checkbox"/> Commercial R-O-W Permit: \$ _____ <input type="checkbox"/> Residential R-O-W Permit: (\$150.00) \$ _____ <input type="checkbox"/> Utility R-O-W Permit: (\$100.00) \$ _____ <input type="checkbox"/> City Utility/Cap Meter Fees \$ _____ <input type="checkbox"/> Site Inspection Fees \$ _____ <input type="checkbox"/> Re-Inspection Fees \$ _____ <input type="checkbox"/> Road/Lane Closure (\$150.00) \$ _____ <input type="checkbox"/> Other _____ \$ _____ <input type="checkbox"/> Mass Grading Permit \$ _____	ACTIVITY: <input type="checkbox"/> Road Bore <input type="checkbox"/> Utility Trench <input type="checkbox"/> Curb Construction <input type="checkbox"/> Drainage Swales <input type="checkbox"/> Paving <input type="checkbox"/> Sanitary Sewer Connection <input type="checkbox"/> Sidewalk <input type="checkbox"/> Water Connection <input type="checkbox"/> Asphalt Cut/Patch <input type="checkbox"/> Driveway/Approach Construction <input type="checkbox"/> Utility Trench <input type="checkbox"/> Grading <input type="checkbox"/> Other _____ <input type="checkbox"/> Waiver Request Frontage Improvements \$300.00 Location: _____
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1. All work within public rights-of-way shall be performed by an Idaho licensed public works contractor with current insurance, and comply with City of Post Falls Standards, and the current edition of the Idaho Standards for Public Works Construction.
2. Barricades and signage shall conform to the Manual or Uniform Traffic Control Devices. All road/lane closures require 48-hour (2 Business Days) advance notice and additional permit.
3. All public improvements shall be inspected by the City of Post Falls Engineering Division (for inspections call 773-4235).
4. Placement of actual construction shall be coordinated with Engineering Inspectors, once locates are in place.
5. Re-inspection fees of at least the base right-of-way permit amount may be charged for work failing inspection or not being ready at the requested re-inspection time.

REMARKS: _____

This permit becomes null and void if work or construction is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time, after work is commenced. I hereby certify that I have read and examined the application and know the same to be true and correct. All provisions of law and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or performance of construction.

APPLICANT'S SIGNATURE: _____ DATE: _____

ENGINEERING DIVISION APPROVAL: _____ DATE: _____