



PUBLIC RIGHT OF WAY PERMIT (PROW) APPLICATION

**Planning & Building Department
Building Division**

150 East Pearl Ave. | ph: (307) 733-0440
P.O. Box 1687 | fax: (307) 734-3563
Jackson, WY 83001 | www.townofjackson.com

For Office Use Only

Permit No.	Permit Fee:	Date Received:	Date Due:
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INSTRUCTIONS. Complete all portions of the application. All items shall be shown or noted on the plans. Sign the application. Include all attachments. Submit the applications **at least two business days** in advance townbuilding@jacksonwy.gov . DO NOT SUBMIT PAPER APPLICATIONS IN PERSON.

APPLICABILITY. *The purpose of the Public Right of Way Permit (Encroachment Permit) is to review and permit occupying the public right-of-way (or easements) for construction or staging in accordance with Town of Jackson Municipal Code Section 12.08.040.*

When is a Public Right of Way permit required?

- To construct public infrastructure improvements such as, but not limited to, sidewalk, boardwalk, curbs, gutters, telecommunication facilities, utilities and/or street paving within any street;*
- To dig up, break, excavate, tunnel, undermine, or in any manner break up any street;*
- To make or cause to be made any excavation in or under the surface of any street for any purpose;*
- To place, deposit, or leave upon any street any earth or other excavated material, construction supplies, equipment, dumpsters or materials obstructing or tending to interfere with the free use of the street;*
- To move an existing house, building, or structure on or over any street;*
- To occupy any street, sidewalk, or any time-restricted parking space for the purposes of construction (includes painting, tree trimming and removal, snow removal from roofs), excavation, tunneling, or storage of materials.*

"Street" is any street, highway, sidewalk, alley, avenue, or other public way, easement, or public grounds in the town.

PROJECT INFORMATION. *Highlighted Sections required.*

Physical Address: _____
PIDN: _____

PROJECT DESCRIPTION AND PURPOSE. *Describe the precise nature of the proposed activity being performed in the PROW.*

Start Date: _____ End Date: _____

APPLICANT. *This is the responsible party for the permit, bonding, inspections, and execution of the work.*

Name: _____ Phone: _____
E-mail: _____

**If applicant is other than owner, a notarized Town of Jackson Letter of Authorization must accompany this application. Only the Owner or their authorized agent may sign the application.*

PROPERTY OWNER. *If other than APPLICANT.*

Property Owner Name: _____ Phone: _____
E-mail: _____

CONTRACTOR. *If other than APPLICANT.*

Contractor Name: _____ Phone: _____
E-mail: _____

WHAT TYPE OF ACTIVITIES WILL BE PERFORMED IN THE PROW? *Please Check All Boxes that Apply.*

Occupying for staging only?

Occupying for Surface work?

Occupying for Excavation?

PROW PERMIT SUBMITTAL REQUIREMENTS. To be considered the following elements should be supplied with the application.

- Nature, location, and purpose of encroachment.
- Completed Sketch/Plans showing extent of encroachment.
- Traffic Control Plan and signage that meets MUTCD Part 6; reference section 6H for figures of requirements.
- Location of construction fencing around the entire project and provided to protect the public.

NOTICES.

A financial surety is required for projects requiring excavation. Value of the surety will be determined by Town Engineering and due at issuance.

Projects that require parking closures require a minimum 72-hour advance notice following issuance of permit.

Projects that require lane closures especially on START Bus or School Bus routes require a minimum 72-hour advance notice and permits may not be issued until a suitable traffic control plan can be implemented.

The work shall be completed and approved by the Town within 30-days of the date of this approval. Should the work not be completed within this time frame the bond may be forfeited.

Town permits work from April 15th- October 15th on weekdays from 7:00am-7:00pm. No work on holidays shall be permitted. PROW work in the downtown core is prohibited from June 15th - September 25th.

Any cancellation or change of work date must be approved by Town Engineering Department one business day prior to the start of work.

For closures it is the applicant's responsibility to notify neighboring properties in advance of closure and provide local access.

PROW placard shall be displayed at the work site. Placards are non-transferrable and if lost incur a replacement fee.

Public Works shall require five working days' notice for all water and sewer taps.

The shoulder of all patches shall be a minimum of 1-foot beyond the edge of trenching. The asphalt patch shall be completed to include 9-inches of crushed rock base. Asphalt shall be 1-inch greater than the existing asphalt and no less than 3-inches in depth.

Permittee shall have and maintain in force during the period of the encroachment permit, public/general liability insurance of not less than five hundred thousand dollars for any one person, one accident and property damage duly issued by an insurance company authorized to do business in this state.

APPLICANT'S SIGNATURE, CERTIFICATION, AND WARRANTY

Under penalty of perjury I hereby certify that I have read this application and state that, to the best of my knowledge, all of the information herein is true and correct and I swear that any information which may be hereafter given by me in hearing before the Town Council of the Town of Jackson shall be truthful and correct. I agree to comply with all Town, State, and Federal laws relating to the subject matter of this application.

I warrant and guarantee for one year the construction of the improvements from the time of final inspection by the Town

In signing this application, I acknowledge that the Town's acceptance of this application and a plan review fee does not constitute approval of a permit. I agree not to commence any work for which this application is being made prior to approval of this application by the appropriate Town agencies and payment of any fees and/or bond due.

Signature of Owner or Authorized Applicant/Agent

Date

Name Printed

Title