



## Right-of-Way Permit

Please complete a separate application for each Road

Please provide a copy of the contract(s) with the permit application.

Date \_\_\_\_\_

Business Name/Applicant's Name ("Permittee")

Parcel Control #

Applicant's Street Address

Project Road Name

Applicant's City, State, Zip

Subdivision and/or Site Plan Name (if applicable)

Telephone Number

Applicant's email address

Enter Total Contract Cost: \_\_\_\_\_

☐ \_\_\_\_\_  
Paid Date

### Check appropriate box:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Underground Utility | <input type="checkbox"/> Driveway except one or two family dwelling units | <input type="checkbox"/> Overhead Utility |
| <input type="checkbox"/> Wireless Facility   | <input type="checkbox"/> Other Utilization                                |   |

### Description of Work:

Contractor Company Name

Telephone Number

Qualifier

License No.

Start of Construction Date

Construction duration: \_\_\_\_\_ days

**Applicant declares that he/she has determined the location of all existing underground and aerial utilities. A letter of notification was mailed on \_\_\_\_\_ to the following utilities & municipalities:**

Length of Right-of-Way to be disturbed in Linear Feet \_\_\_\_\_

Length of Asphalt restored/proposed in Linear Feet \_\_\_\_\_

Length of Concrete restored/proposed in Linear Feet \_\_\_\_\_

Length of Drainage Pipe in Linear Feet \_\_\_\_\_

By submitting and signing this application, the Applicant ("Permittee") declares that he/she has read the attached and agrees to be bound by the permit requirements and any and all general special conditions herein.

\_\_\_\_\_  
Qualifier's Signature

**For inspections, please email [zgamble@craventhompson.com](mailto:zgamble@craventhompson.com); [ebach@greenacresfl.gov](mailto:ebach@greenacresfl.gov).**

**Submit Permit to:** Greenacres Building Division at [permitcenter@greenacresfl.gov](mailto:permitcenter@greenacresfl.gov)