



PLANNING & DEVELOPMENT  
PARKWAY SERVICES

**STREET USE PERMIT APPLICATION for CONSTRUCTION**

Application Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**For TPW Constructions Services:**

DOE Number: \_\_\_\_\_ Project Title: \_\_\_\_\_

DOE Inspector Name and Number \_\_\_\_\_ # \_\_\_\_\_

**Contractor Contact Information (or attach Business card with requested information)**

Contractor / Applicant: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

24-Hour Emergency

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Project Details:**

Description of Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Project Limits: \_\_\_\_\_

\_\_\_\_\_

**Duration of Project**

Proposed Start Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ End Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Mapso Coordinate: \_\_\_\_\_

Required Information to be Submitted with Application:

**\* TRAFFIC CONTROL PLAN**

**\* \$100.00 \*As a measure of security, please do not supply credit card information electronically (via email).  
Credit card payments can be made by phone or submitted by fax.**

**\* COPY OF CURRENT INSURANCE** (Only required if no DOE number provided above or if insurance not already on file.)

For multiple locations, provide proposed Start and End Date for each location on Traffic Control Plans. Define times of day Traffic Control Plan will be applicable and what is to be done during time outside that time frame. (i.e. Barricades to be removed or remain in place, trench plates to be utilized, advanced warning signs to be turned around or removed, etc.)