



Right-of-Way Permit
City of Russellville, Arkansas
Ordinance # 1676

WORK SHALL NOT COMMENCE UNTIL PERMIT IS APPROVED.

APPLICANT DATE: _____ PERMIT NUMBER: _____

APPLICANT'S COMPANY NAME: _____

APPLICANT'S NAME: _____

EMERGENCY PHONE NUMBER: _____

PLEASE CHECK ONE THAT APPLIES TO THE NATURE OF WORK

Street Cut Right-of-Way Street Closing Other: _____

LOCATION OF PROPOSED WORK (ADDRESS & CROSS STREET IF APPLICABLE) :

LENGTH & WIDTH OF CUT MADE: _____ WIDTH OF STREET: _____

NATURE OF WORK: _____

PROPOSED DATE OF WORK: _____

TIME STREET WILL BE CLOSED: _____ OPEN: _____

Please draw street and area to be cut.

COST: \$100.00 Permit \$2000.00 Surety Bond Required
Street cuts that disturb more than 10 square feet will be billed at \$10.00/square feet

I agree to be in compliance with all conditions set forth in City of Russellville Ordinance # 1676.

Applicant's Signature Date

Approved By: Date

Title

Office Use Only	
Date Issued: _____	Cost: _____
Date Inspected: _____	Receipt Number: _____
Inspector: _____	Check Number: _____