



City of Bay Minette

Right-of-Way Permit

OFFICE USE ONLY

ROW- _____

NO FEE

301 D'Olive Street · Bay Minette, Alabama 36507 · Phone (251) 580-1848 · COBM_PUBLICWORKS@cityofbayminetteal.gov

Applicant/Company: _____ Business License #: _____

Address: _____

Telephone Number: _____ Email: _____

Contractor Name: _____ Business License #: _____

On-Site Supervisor: _____ Email: _____ Number: _____

Sub-Contractor Name: _____ Number: _____ Business License #: _____

***Please include a separate sheet for any additional Sub-Contractors including their Name, Email, Number, and Business License #.**

Type of Work: ☐ Excavation ☐ Pole Line ☐ Utility Installment/Repair ☐ Other: _____

Description of Work: _____

☐ ***If Emergency work, please include performance period & detailed description of previous and future work:*** _____

If Excavation- # of Pavement Excavations _____ # of Non-Pavement Excavations: _____

Project Location(s) - Attach a map or project area or list all streets affected: _____

Area(s) to be Affected: ☐ Sidewalk ☐ Shoulder ☐ Parking Ln ☐ Traffic Ln → ☐ Total Street Closure or ☐ Partial Street Closure

Traffic Control: ☐ Cones ☐ Arrow Board ☐ Controllers ☐ Barricades ☐ Caution Tape

Performance Period: _____ Has AL-811 Locate been requested? ☐ Yes ☐ No

This permit is rendered invalid if work is not initiated within six months or if the project lies dormant for a period of thirty (30) days after starting construction. Applicant understands that violation of any City Ordinance may lead to a stop work order & subsequent revocation of this permit. The Applicant agrees to notify this office 72 hours prior to closing any roadway.

All conditions for use of public ways per the established Franchise Agreement will apply. Upon completion of the work commenced, the contractor will be responsible for restoring any broken or damaged property for which they were responsible within a reasonable time frame. Failure to do so within a reasonable amount of time will result in the city to proceed and restore the damaged property and invoicing the contractor. All invoices will be due upon receiving.

Signature of Applicant: _____ Date: _____

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☐ Approved ☐ Denied

Received Date: _____ Franchise Agreement: ☐ Yes ☐ No Department Notifications Issued: _____

☐ Police ☐ Fire ☐ Admin ☐ NBU ☐ Business License ☐ Building/Code Enforcement ☐ Planning ☐ AL-811 Verification

Public Works Review: _____

Comments: _____