PW-ENG-01 (E)

CAPITAL IMPROVEMENT RIGHT-OF-WAY PERMIT

Instructions and Time Frame

This form is for Capital Improvement Projects (CIP) only and is in accordance with City Ordinance Chapter 96: Use of Public Right-of-Way. This form is to be completed and submitted by the Contractor performing the work. No handwritten submissions will be accepted. **The Capital Improvement Right-of-Way (CIP ROW) Use Permit will not be reviewed or accepted if a Traffic Control Plan (TCP) from a certified traffic control technician is not concurrently submitted**.

Date of Application: _____

Work Start Date*: _____

Planned Work Completion Date: _____

*Requested Work Start Date must be **at least 5 business days after submission of complete application**.

Contact Information

Applicant (Contractor) Name: _____

Applicant Address: _____ _____ _____ _____
Address City State Zip

E-Mail Address: _____

Person Responsible for Work: _____ Cell Phone: _____

Emergency Number (24 Hour): _____

Project Information

CIP Manager/Engineer: _____

Project Name: _____ Project Number: _____

Address of Worksite: _____ _____ _____ _____
Address City State Zip

Traffic Control Firm: _____

Contact Name: _____ Contact Phone: _____

Emergency (24 Hour): _____

New Mexico 811 Number: _____

Work Information

Is a Road Closure required? ☐ Yes ☐ No
Is a Detour required ☐ Yes ☐ No
Is there a Bond/Insurance on file? ☐ Yes ☐ No

Length of Work Zone: _____

Width of Work Zone: _____

Description of Work:

Acknowledgement and Signature

☐ I certify that this application is accurate and complete.

Applicant Name: _____ Date: _____

FOR DEPARTMENT USE ONLY

Traffic Control Plan Submitted: ☐ Yes ☐ No ☐ Pending

Traffic Control Plan Approved: ☐ Yes ☐ No ☐ Pending

CIP ROW Permit Approved: ☐ Approved ☐ Denied

Work Hours: ☐ 9:00 AM to 3:00 PM ☐ 7:00 AM to 5:00 PM

☐ Other: _____ To _____

Work Hour Comments:

Permit #: _____

Traffic Manager/Designee Signature: _____