

**CAPTIAL IMPROVEMENT RIGHT-OF-WAY PERMIT**

Permit #: \_\_\_\_\_

**Instructions:**

This form is for Capital Improvement Projects (CIP) and in accordance with City Ordinance Chapter 96: Use of Public Right-of-Way.

The Contractor performing the work shall submit, a minimum of five (5) business days prior to the requested commencement of construction in the area affected, a detailed Traffic Control Plan and permit to the City of Rio Rancho (City) Traffic Section, and a copy to the designated Project Manager for review and approval by the City. If the Traffic Control Plan will include closing access off to Residents or Businesses, or is to address a utility impairment; then the Public Notice and Communication Requirements section listing the Project Classification in the Notice to Contractor (NTC) will supersede the above minimum notification. In the event of an emergency situation, the Traffic Control Plan shall be submitted as soon as possible with documentation of the emergency.

**Handwritten submissions will not be accepted. The Capital Improvement Right-of-Way (CIP ROW) Permit will not be reviewed or accepted if a Traffic Control Plan (TCP) from a certified Traffic Control Technician is not concurrently submitted.**

**Schedule\*:** \*Date of Application and Work Start Date shall follow the requirements noted in the Instructions.

Date of Application: \_\_\_\_\_

Work Start Date: \_\_\_\_\_ Planned Work Completion Date: \_\_\_\_\_

**Contact Information:**

Applicant (Contractor/Company) Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_  
Address City State Zip

Person Responsible for Work: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Emergency Number (24 Hour): \_\_\_\_\_

**Project Information:**

CIP Manager/Engineer: \_\_\_\_\_ Project Number: \_\_\_\_\_

Project Name: \_\_\_\_\_

Address of Worksite: \_\_\_\_\_

Traffic Control Firm: \_\_\_\_\_

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

Emergency (24 Hour): \_\_\_\_\_ New Mexico 811 Number: \_\_\_\_\_

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**Work Information:**

	<u>Yes</u>	<u>No</u>		<input type="checkbox"/> Miles
Is a road detour required?	<input type="checkbox"/>	<input type="checkbox"/>	Length of Work Zone: _____	<input type="checkbox"/> Feet
Is a road closure required?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Miles
Is there a Bond/Insurance on file?	<input type="checkbox"/>	<input type="checkbox"/>	Width of Work Zone: _____	<input type="checkbox"/> Feet

Description of Work:

**Acknowledgement and Signature:**

I certify that this application is accurate and complete.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Comments/Requests:

**FOR DEPARTMENT USE ONLY**

	<u>Yes</u>	<u>No</u>	<u>Pending</u>
TCP Submitted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TCP Approved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permit Approved?	<input type="checkbox"/>	<input type="checkbox"/>	
Permit Amended?	<input type="checkbox"/>	<input type="checkbox"/>	

Work Hours:  9:00 AM to 3:00 PM  
 7:00 AM to 5:00 PM  
 Other: \_\_\_\_\_  AM To \_\_\_\_\_  AM  
  PM

Notes and Other Comments:

Traffic Manager/Designee Signature: \_\_\_\_\_