



**CITY OF DOVER DEPARTMENT OF PUBLIC WORKS**  
 PO Box 475  
 Phone: 302-736-7025

Dover, DE 19903  
 Fax: 302-736-4217



**RIGHT-OF-WAY MAINTENANCE AND/OR  
 CONSTRUCTION PERMIT**

PERMIT NO.: \_\_\_\_\_ SUBMISSION DATE: \_\_\_\_\_ APPROVAL DATE: \_\_\_\_\_

COMPANY ISSUED TO: \_\_\_\_\_

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CONTACT NAME / PHONE NO.: \_\_\_\_\_

WORK TO BE PERFORMED BY: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

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LOCATION OF WORK (ATTACH SKETCH): \_\_\_\_\_

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ANTICIPATED START DATE: \_\_\_\_\_

PROJECT DURATION: \_\_\_\_\_

MAINTENANCE OF TRAFFIC CASE NUMBER: \_\_\_\_\_

METHOD OF INSTALLATION (OPEN CUT/TRENCHLESS): \_\_\_\_\_

**THE CITY OF DOVER DEPARTMENT OF PUBLIC WORKS CONSTRUCTION MANAGEMENT OFFICE SHALL BE CONTACTED AT LEAST 24 HOURS IN ADVANCE TO THE START OF WORK. PLEASE CALL 302-736-7025.**

ALL WORK AUTHORIZED BY THIS PERMIT SHALL BE PERFORMED IN ACCORDANCE WITH CURRENT CITY OF DOVER ORDINANCES, STANDARDS AND PRACTICES, INCLUDING ALL STATE AND FEDERAL REQUIREMENTS AS APPLICABLE, AND SHALL BE REVIEWED ACCORDING TO SAID DOCUMENTS. THE HOLDER OF THIS PERMIT SHALL INDEMNIFY AND SAVE HARMLESS THE CITY OF DOVER OF AND FROM ALL SUITS AND DAMAGES ARISING FROM THE WORK HEREIN PERMITTED WITHIN THE RIGHT- OF-WAY. THE CONTRACTOR SHALL BE RESPONSIBLE FOR DETERMINING LOCATION OF, AND ANY DAMAGE TO, EXISTING UTILITIES. MISS UTILITY OF DELMARVA SHALL BE CALLED AT LEAST 72 HOURS PRIOR TO CONSTRUCTION AT 1-800-282- 8555. PROPER SAFETY SIGNS AND ADEQUATE BARRICADES ARE TO BE PLACED PRIOR TO STARTING WORK AS PER THE DELAWARE MANUAL ON UNIFORM TRAFFIC CONTROL DEVICES (MUTCD) PART 6.

WORK SHALL BEGIN WITHIN 10 DAYS FROM THE APPROVAL DATE OF THIS PERMIT, COMPLETED WITH AS LITTLE DELAY AS POSSIBLE AND PERFORMED WITH MINIMIZED DISTURBANCE TO TRAFFIC AND THE GENERAL PUBLIC. IN NO CASE SHALL A STREET OR ROADWAY BE CLOSED TO TRAFFIC EXCEPT BY WRITTEN PERMISSION OF THE DIRECTOR OF PUBLIC WORKS ON BEHALF OF THE CITY MANAGER. ROADWAY SURFACE SHALL BE REPLACED TO THE SATISFACTION OF THE CITY OF DOVER. THE RIGHT TO WORK UNDER THIS PERMIT EXPIRES 3 MONTHS FROM THE APPROVALDATE.

PERMITEE AUTHORIZED REPRESENTATIVE (PRINTED)	PERMITEE AUTHORIZED REPRESENTATIVE (SIGNATURE)	DATE
DPW AUTHORIZED REPRESENTATIVE (PRINTED)	DPW AUTHORIZED REPRESENTATIVE (SIGNATURE)	DATE