

**CITY OF GALLUP**  
**MUNICIPAL RIGHT-OF-WAY/PUBLIC EASEMENT WORK PERMIT**

SUBMISSION DATE/TIME STAMP: \_\_\_\_\_

PERMIT #: \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

Project Address/Location: \_\_\_\_\_

Project Description/Scope of Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(An Area Sketch, Drawing and/or Map MUST BE ATTACHED that indicates the "Work Site" and "Traffic Control Layout")**

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's Phone #: \_\_\_\_\_ Emergency Phone: # \_\_\_\_\_

Applicant is a: \_\_\_\_\_ Contractor License: # \_\_\_\_\_

\_\_\_\_\_ Utility Contractor Classification: # \_\_\_\_\_

\_\_\_\_\_ Gov't. Agency Contractor Insurance Policy: # \_\_\_\_\_

\_\_\_\_\_ Home owner \_\_\_\_\_ Current Cert of Insurance On File Dated: \_\_\_\_\_

(Limited projects may be completed by home owners at their property location with prior City approval of the scope of work.)

**Work Certification.** PERMITTEE HEREBY AGREES THAT ALL WORK WILL BE DONE IN ACCORDANCE WITH THE RULES, REGULATIONS, SPECIFICATIONS, AND REQUIREMENTS OF THE CITY OF GALLUP. Furthermore, THE PERMITTEE ACKNOWLEDGES COMPLETE RESPONSIBILITY FOR:

1. **WORK SITE TRAFFIC CONTROL** PER THE CURRENT **MANUAL ON UNIFORM TRAFFIC CONTROL DEVICES (MUTCD)**. A WORKSITE TRAFFIC CONTROL PLAN MUST BE SUBMITTED WITH THIS APPLICATION.
2. COMPACTION TESTING. REQUIRED ON **ALL** EXCAVATIONS. (CITY OF GALLUP RESERVES THE RIGHT TO REPAIR PERMITTEE'S EXCAVATION AS NECESSARY AND TO CHARGE THE PERMITTEE FOR SUCH REPAIRS INCLUDING CITY OVERHEAD COSTS.)
3. COMPLYING WITH BACKFILL REQUIREMENTS (AS SHOWN ON ATTACHMENT TO THIS FORM).
4. REPAVING AND/OR PATCHING BACK PAVEMENT CUTS MADE BY PERMITTEE. ADDITIONAL DOCUMENTATION MAY BE REQUIRED BY THE PUBLIC WORKS DEPARTMENT BEFORE PERMIT WILL BE ISSUED, WHICH DETAILS HOW AND WHEN THIS WORK WILL BE ACCOMPLISHED. APPLICANT MAY REQUEST THE CITY OF GALLUP TO MAKE THE PAVEMENT CUT REPAIRS AT AN ADDITIONAL FEE.
5. REPAIRING AND/OR REPLACING ANY CONCRETE CURBS, GUTTERS, AND SIDEWALKS DAMAGED BY PERMITTEE'S WORK. **CITY OF GALLUP WILL NO LONGER MAKE CONCRETE CUT REPAIRS.** ADDITIONAL DOCUMENTATION MAY BE REQUIRED BY THE PUBLIC WORKS DEPARTMENT BEFORE PERMIT WILL BE ISSUED, WHICH DETAILS HOW AND WHEN THIS WORK WILL BE ACCOMPLISHED. A GA-1, 3, or 98 LICENSED CONTRACTOR IS REQUIRED IN ORDER TO DO CONCRETE WORK IN THE CITY RIGHT-OF-WAY.
6. ACCOMPLISHING ALL WORK IN AN EXPEDITIOUS MANNER WITHIN THIRTY (30) DAYS.
7. **PROVIDING INSURANCE COVERAGE AND A CERTIFICATE OF INSURANCE** PER SECTION 107.25 OF **NMSHD 2014 STANDARD SPECIFICATIONS FOR HIGHWAY & BRIDGE CONSTRUCTION**. (WHERE "DEPARTMENT" IS CALLED OUT IN SECTION 107.25, SUBSTITUTE "CITY OF GALLUP.") THE CITY OF GALLUP MUST BE NAMED AS "CERTIFICATE HOLDER" AND LISTED AS "ADDITIONAL INSURED."

**THIS PERMIT IS FOR WORK WITH THE CITY'S RIGHT-OF-WAYS, PROPERTY, AND/OR PUBLIC EASEMENTS.** IT DOES NOT SUPERSEDE CITY BUILDING PERMIT REQUIREMENTS NOR SUBSTITUTE FOR A CITY BUILDING PERMIT. FOR SEWER CONSTRUCTION, A "SEWER TAP PERMIT" IS ALSO REQUIRED. PERMITTEE IS REQUIRED TO NOTIFY THE PUBLIC WORKS DEPARTMENT/CITY ENGINEERING, AT 505-863-1290, AT LEAST 24-48 HOURS IN ADVANCE TO REQUEST AN INSPECTION, PRIOR TO BACKFILLING, AND AGAIN WHEN EXCAVATION IS READY FOR REPAVING.

Signed: \_\_\_\_\_ Issued By: \_\_\_\_\_

Applicant

Public Works Department Designee

Fee Scale Work Review: \$ \_\_\_\_\_ (Account #101-0000-330.80-00)

**THIS PERMIT MUST BE AT THE WORKSITE AT ALL TIMES -- PERMIT EXPIRES 90 DAYS FROM DATE OF ISSUE.**

