



THE CITY OF WATFORD CITY  
213 2<sup>ND</sup> ST NE / PO BOX 494  
WATFORD CITY, NORTH DAKOTA

# UTILITY OCCUPANCY PERMIT APPLICATION

**REQUIREMENTS:** All applications must be legible, printed in ink or typed, and suitable for reproduction. *Original application with original Applicant signature is required.* A Utility Occupancy Permit is required in order for a private "non-franchise" piece of infrastructure to be placed within City Right-Of-Way (ROW) or any other City property or easements whether the infrastructure be located above or below ground. Organizations who hold current franchise agreements with The City of Watford City may be exempt from this permit.

## APPLICATION TYPE

- Permanent Occupancy       Temporary Occupancy

## PROPERTY INFORMATION

STREET/ AVENUE:	ALONG OR ACROSS:	NEAREST STREET JCT.:
LEGAL DESCRIPTION: (SECTION, TOWNSHIP, RANGE)	IS PROPERTY ANNEXED? <input type="checkbox"/> YES <input type="checkbox"/> NO / E.T.A.	LOCATED IN FLOODPLAIN? <input type="checkbox"/> YES* <input type="checkbox"/> NO <small>*IF YES, A FLOODPLAIN DEVELOPMENT PERMIT IS REQUIRED.</small>

## FACILITY OWNER INFORMATION

FACILITY OWNER NAME:	PHONE NUMBER:	EMAIL:
MAILING ADDRESS:		

## PERMIT APPLICANT INFORMATION

Same as Owner

APPLICANT NAME:	PHONE NUMBER:	EMAIL:
MAILING ADDRESS:		

## CONTRACTOR INFORMATION

CONTRACTOR NAME:	PHONE NUMBER:	EMAIL:
MAILING ADDRESS:		

▼ Please include the information below.

NORTH DAKOTA CONTRACTORS LICENSE NUMBER: _____	CLASS: _____
WATFORD CITY CONTRACTORS BUSINESS LICENSE NUMBER: _____	
LIABILITY INSURANCE COMPANY: _____	POLICY NUMBER: _____
WORKERS COMPENSATION COMPANY: _____	POLICY NUMBER: _____
NORTH DAKOTA ONE CALL TICKET NUMBER: _____ (MUST CALL 811 PRIOR TO WORK)	

## DESCRIPTION

Please give a brief description of the proposed work. A sketch, drawing, or engineered plans along with maps associated with the location(s) and route of the proposed work must be submitted with this application. Detailed location maps showing lateral and longitudinal offsets from roadway centerlines are required for a permit.


**RESTORATION**

Per City Ordinances, the disturbed area must be restored to its original condition. Please give a brief description of the site restoration plan to be completed after completion of the work such as road surface, curb, gutter, sidewalk, boulevard, seeding, etc.

**FACILITY TYPE**

Complete the following information, as applicable.

DESCRIPTION OF PROPOSED FACILITY:

SIZE OF FACILITY:

NUMBER OF CABLES:

LENGTH OF GUY DOWNS:

PIPELINE PRESSURE:

CASING SIZE:

CASING LENGTH:

LOCATION OF POLE(S):

LOCATION OF APPURTENANCES:

LOCATION – OTHER(S):

**INSTALLATION**

DATE INSTALLATION WILL BEGIN:

\_\_\_\_/\_\_\_\_/\_\_\_\_

EXPECTED DATE OF COMPLETION:

\_\_\_\_/\_\_\_\_/\_\_\_\_

DATE TEMPORARY OCCUPANCY WILL BEGIN:

\_\_\_\_/\_\_\_\_/\_\_\_\_

DATE TEMPORARY OCCUPANCY WILL END:

\_\_\_\_/\_\_\_\_/\_\_\_\_

**TERMS AND CONDITIONS**

Installation and maintenance of said facilities on or in City Right of Way shall be subject to the approval of the Watford City Public Works and Engineering Departments and the following terms and conditions, attached hereto and made a part hereof. Plans must be attached to this application. Installation and maintenance of said facilities shall be done in a manner satisfactory to the City Engineer and Public Works Superintendent.

1. The Facility Owner shall notify the City forty-eight (48) hours prior to installing, maintaining, relocating, or removing said facilities. All disturbed areas shall be restored to their original condition in a manner satisfactory to the City. The Facility Owner shall notify the City once work is completed. An additional Excavation Permit may be required.
2. The Facility Owner shall be required to wear an ANSI/ISEA 107-2004 Class II high visibility garment while within the right-of-way as per the requirements of 23 CFR 634.
3. The Facility Owner shall repair or replace street structures, appurtenances, and any existing facilities located on, over, or under the right-of-way which may be damaged as a result of the installation and maintenance of said facilities on or in the right-of-way.
4. The Facility Owner shall promptly remove said facilities from right-of-way or shall relocate or adjust said facilities at its sole cost and expense when requested to do so by The City for street location and improvement projects.
5. The Facility Owner must comply with all City Standards and Watford City Municipal Code of Ordinances.
6. Watford City specifically reserves the right to revoke or change the terms and conditions of this permit with or without cause and upon notice to the Owner.
7. The facility owner or private utility company desiring to make a connection to a customer shall submit a written authorization, signed by the customer, to the City for permission to make such connections. The application must be accompanied with a map made by a professional engineer or registered land surveyor and sealed plats of the property to be served.

8. The facility owner or private utility company shall furnish to the City the GIS data pertaining to all installations. The facility owner or private utility company must submit the GIS data in an acceptable format as determined by the City Engineer.
9. The City's review and subsequent approval of this permit request does not relieve the applicant of the responsibility to comply with all Federal and State laws and regulations that govern, but are not limited to, the protection of wetlands, threatened and endangered species, and migratory birds. The applicant is responsible to comply with all Federal and State laws and regulations that govern the protection of cultural resources within the permit application area (e.g., S.106 of the National Historic Preservation Act, 36 CRF Part 800; ND Century Code 55-02-07; ND Century Code 55-03-01.1). The applicant shall be aware of the ND State burial law (ND Century code 23-06-27; Administrative Rule 40-02) and ensure compliance for any discovery of human remains within the permit request area.
10. The Facility Owner agrees that City's review of the utility relocation plans, specifications, calculations, and field inspections shall be solely for City purposes and not for the benefit of the Facility Owner or any third party and shall not be deemed to mean that the Utility's design and construction is structurally sound and appropriate or meets applicable federal and state regulations, laws, or local ordinances, codes, or industry standards (collectively, "Requirements"). The Facility Owner affirms that it has taken all of the actions necessary and required for the construction, operation, and maintenance of its facility authorized hereunder, including compliance with all Requirements.
11. Where work on or near the traveled roadway is necessary, proper signs, channelizing devices, warning lights, and other barricades must be erected to protect traffic, employees, and pedestrians. All traffic control devices and methods shall conform to the Manual on Uniform Traffic Control Devices (MUTCD), Watford City standards and specifications, and the North Dakota Department of Transportation standards and specifications.

**SIGNATURE**

As the applicant, I certify that all information given on this application is correct, all City Ordinances, Standards, and Building Codes will be complied with and established Utility Companies within the area have been notified as necessary (811). I certify that all information given is correct and that I will comply with the aforementioned Terms and Conditions.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**▼ OFFICE USE ONLY ▼**

**ENGINEERING DEPARTMENT**

REVIEW DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

APPROVED BY: \_\_\_\_\_

*City Engineer Signature*

NOTES: \_\_\_\_\_  
 \_\_\_\_\_

**PUBLIC WORKS DEPARTMENT**

REVIEW DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

APPROVED BY: \_\_\_\_\_

*Public Works Superintendent Signature*

NOTES: \_\_\_\_\_  
 \_\_\_\_\_

**PAYMENT:**

INVOICE NUMBER: \_\_\_\_\_

DATE CREATED: \_\_\_\_/\_\_\_\_/\_\_\_\_ BY: \_\_\_\_\_

PAYMENT AMOUNT: \$ \_\_\_\_\_

CARD  CASH  CHECK # \_\_\_\_\_

PAYMENT DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PERMIT #:**

\_\_\_\_\_

ISSUE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ BY: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

ENTERED: \_\_\_\_/\_\_\_\_/\_\_\_\_ BY: \_\_\_\_\_