



RIGHT-OF-WAY PERMIT APPLICATION

Permit #: _____

Application Date: _____

Instructions and Applicant Information

All work in the Right-of-Way shall be in accordance with City Ordinance Chapter 96: Use of Public Right-of-Way:

The Contractor performing the work shall submit, a minimum of seven (7) 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). In the event of an emergency situation, the Traffic Control Plan shall be submitted as soon as possible with documentation of the emergency.

Residential work hours are from 7am to 5pm and Collector/Arterial work hours are from 9am to 3pm.

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

- > Description of work must be completed for all work.
> Section A: Complete for work involving barricading.
> Section B: Complete for work involving Pavement Excavation, Trenching, Boring and/or Potholing/Coring work.
> Section C: Complete if there will be Restoration/Degradation work.
> Section D: Complete for Haul Route/Heavy Hauler work.

Applicant/Contractor Name: _____ State License # _____

Contact Person Responsible for Work: _____ Cell Phone: _____

Email: _____ Work Start Date: _____ Work Completion Date: _____

NOTE: Requested start date must be at least 5 business days after submission of completed application

SITE Address: _____

If work is for a water line extension or sewer/water tap: UNIT _____ BLOCK _____ LOT _____

Is work for a Utility? Name of Utility: _____

Is a bond/insurance on file? Bond/Insurance Co. _____ Number: _____

Description of Work

Description: _____

Surface type of work zone: Dirt Asphalt Other: _____

Method of cut/trench: _____

Traffic Control Firm: _____ New Mexico One-Call #: _____

Is road closure required? NO [] YES

Is a detour required? NO [] YES

Length of work zone: _____ (Along center line, in feet)

Width of work zone: _____ (# of lanes or other width in feet)

Length of excavated area: _____ (Along center line, in feet)

SCOPE OF WORK (Please attach a drawing of proposed site layout for clarity)

Barricading paved roads (days) _____ Any work on or within state rights-of-way

Work on dirt roads, shoulder work on paved roads(days) _____



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Schedule A - Barricading (check box if yes)

Residential Sidewalk Closure (months) _____
Arterial/Collector Sidewalk Closure(days) _____
Arterial/Collector Bike Lane Closure(days) _____
Bike Path Closure(days) _____
Drop Box/Construction Dumpster(months) _____

SCHEDULE B - Pavement EXCAVATION/CONSTRUCTION (check box if yes)

Curb Cuts (#) _____ Sidewalk (LF) _____
Drive Pads (#) _____ ADA Ramp (#) _____
Curb & Gutter (LF) _____ Valley Gutter (LF) _____
Pavement Sidewalk/Driveway Culvert (# of culverts) _____

SCHEDULE B - Pavement Trenching (check box if yes)

Excavation (feet) _____
Pavement Excavation involving intersections(# of int.) _____

SCHEDULE B - Pavement Boring (check box if yes)

Boring (feet) _____
Boring involving intersections (# of int.) _____

SCHEDULE B - Pavement Potholing/Coring (check box if yes)

of potholes/coring
Arterial Collector Road Pavement Age 0-5 _____
Arterial Collector Road Pavement Age 5+ _____
Residential Road Pavement Age 0-5 _____
Residential Road Pavement Age 5+ _____

Schedule C - Pavement Restoration/Degradation

Project requires pavement restoration
Restoration fees will be calculated by City staff based on:
- Type and age of pavement affected (0-5 or 5+ years old)
- Square footage of restoration areas
- Current fee schedule (Chapter 96)

Section D: Other (check box if yes)

Haul Route/Heavy Hauler

Acknowledgement and Signature

I, the undersigned, hereby certify that the information provided is true and correct and represents the current/proposed project:

Name: _____ Signature: _____ Date: _____

FOR DEPARTMENT USE ONLY

APPROVED
DISAPPROVED
Approved by: _____ Date: _____