

# **RIGHT OF WAY & INFRASTRUCTURE PERMIT**

## **Transmittal Items**

### Primary Mandatory Items

1. Engineering Review Universal Application
2. Application fee (refer to fee schedule)
3. Construction plans/documents (2 copies)
4. Traffic Impact Study\* (2 copies)

\* Contact Community & Economic Development - Engineering Review to determine if this item is required.

### Secondary Required Project Specific Items (due at time of permit issuance)

1. Construction Quantities (contact Permit Technician for acceptable quantities)

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## **Permit Information**

**Note: A drawing or site-plan (in PDF format) showing the work area or event location, including measurements, must be submitted with the application form.**

Area (in square yards) of new asphalt (length x width):

Area (in square yards) of new concrete (length x width):

**Upon completion of any work, surfaces within ADCO ROW must be returned to a condition equal to or better than the original and within the least possible time.**

### **Information required by Adams County Transportation Department –**

- All street cuts and potholing for line locates require that a Traffic Control Plan (TCP) be submitted for review and approval prior to performing the street cut or line locate. Permits will be issued after TCP approval.
- All asphalt patches must meet or exceed the ADCO Trench Patching Detail. A copy of this can be provided or one can be found on-line under the county's Development Standards & Regulations.
- If an emergency street cut was required, then the contractor must notify the ADCO Transportation Dept. within 24 hours (720-523-6821). A permit must still be initiated and obtained for the work/repair.
- Full street closures are not allowed. If required, approval must be obtained from either the ADCO Transportation Dept. Construction Manager or Director, or the ADCO Traffic Division. Contractors are responsible for informing ADCOM (303-288-1535) of any full street closure.



## Engineering Review Application

### Application Type:

Construction Documents	Subdivision
Erosion and Sediment Control Plans	Other _____

Have you attended a Conceptual Review? YES  NO

If Yes, please list PRE#:

### APPLICANT

Name(s):  Company:   
Address:   
City, State, Zip:   
Phone #:  Email:

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### OWNER

Name(s):  Phone #:   
Address:   
City, State, Zip:   
2nd Phone #:  Email:

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### TECHNICAL REPRESENTATIVE (Consultant, Engineer, Surveyor, Architect, etc.)

Name:  Company:   
Address:   
City, State, Zip:   
Phone #:  Email:

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**DESCRIPTION OF SITE**

Address:

City, State, Zip:

Area (acres or square feet):

Tax Assessor Parcel Number

Existing Zoning:

Existing Land Use:

Proposed Land Use:

I hereby certify that I am making this application as owner of the above described property or acting under the authority of the owner (attached authorization, if not owner). I am familiar with all pertinent requirements, procedures, and fees of the County. I understand that the Application Review Fee is non-refundable. All statements made on this form and additional application materials are true to the best of my knowledge and belief.

Name:

Date:

Owner's Printed Name

Name:

Owner's Signature