



Right-of-Way Use Permit Application

Applicant Information

Applicant: _____
Contact Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____ **Email:** _____

Contractor Information

Contractor: _____
Contact Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____ **Email:** _____
ROC #: _____

Project Information

Project Owner: _____
Phone: _____ **Email:** _____

Work Location: _____
Nearest Cross Street: _____
Township: _____ **Range:** _____ **Section:** _____
Work State Date: _____
Work Duration (working days M – F): _____

Utility Work

Aerial/Underground: _____ **if** **Trench Pavement:** _____ **if** **Trench Dirt:** _____ **if**

Construction Costs (Provide itemized cost breakdown): _____

Description of Work:

Paying by APA Account: Yes No If yes, APA Account Number _____

Applicant Signature: _____ **Date:** _____

Reference conditions and requirements are available on website