



# City of Wray

245 W. 4th St. Wray, CO 80758  
Phone: (970) 332-4431 Fax: (970) 332-0691

PERMIT NO.

Permit valid for 6 months  
from date of issue

## RIGHT-OF-WAY PERMIT APPLICATION

### Applicant/Permitee

Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Contractor/Developer

Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Location/Description of Construction

Planned start date \_\_\_\_\_ Planned end date \_\_\_\_\_

Address/Location \_\_\_\_\_ Additional Sites? Y/N ☐ Total \_\_\_\_\_

Construction	Type of Work	Existing Infrastructure Impacted
<input type="checkbox"/> New <input type="checkbox"/> Repair	<input type="checkbox"/> Bore (_____) Feet	<input type="checkbox"/> Utilities <input type="checkbox"/> Curb/Gutter <input type="checkbox"/> Treated Gravel
<input type="checkbox"/> Main <input type="checkbox"/> Service	<input type="checkbox"/> Pothole	<input type="checkbox"/> Pavement <input type="checkbox"/> Sidewalk <input type="checkbox"/> Untreated Road
<input type="checkbox"/> Gas	<input type="checkbox"/> Treated/Untreated/Pavement	<b>Surface Improvements</b>
<input type="checkbox"/> Electric	Open Cut Width:	<input type="checkbox"/> Utilities <input type="checkbox"/> Curb/Gutter <input type="checkbox"/> Treated Gravel
<input type="checkbox"/> Telephone	<input type="checkbox"/> Up to 12"	<input type="checkbox"/> Pavement <input type="checkbox"/> Sidewalk <input type="checkbox"/> Untreated Road
<input type="checkbox"/> Cable	<input type="checkbox"/> 12" thru 36"	<b>Square footage of surface improvements</b> _____
<input type="checkbox"/> Storm Water	<input type="checkbox"/> 37" and larger	<b>Attach applicable copies of the following:</b>
<input type="checkbox"/> Irrigation	Length _____ ft	<input type="checkbox"/> Construction Drawing/Site Plan <input type="checkbox"/> Certificate of Insurance
<input type="checkbox"/> Potable Water	Depth _____ ft	<input type="checkbox"/> Traffic Control Plan <input type="checkbox"/> Performance Bond/LOC or
<input type="checkbox"/> Sanitary Sewer	<input type="checkbox"/> Other _____	<input type="checkbox"/> Property Protection Plan <input type="checkbox"/> Waiver from Treasurer
<input type="checkbox"/> Other _____		<input type="checkbox"/> Erosion Control Plan <input type="checkbox"/> Letter of Responsibility (Public utilities only)
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____

Description of work \_\_\_\_\_ (Use additional sheets if necessary) **Total Construction Costs:** \$ \_\_\_\_\_

**By signing this permit, the applicant agrees to the terms and conditions of the Wray Municipal Code, Title 12, Section 12.20, as described herein.**  
The applicant verifies that applicant and/or its contractors are not delinquent in payments due to City on prior work, that applicant and/or its contractors holds all permits or licenses (including required insurance, deposits, bonding, and warranties) required to do the proposed work, if such licenses or permits are required under the laws of the United States, the State of Colorado, or the Ordinances of the City, and that all orders issued by the City to the applicant and/or its contractor requiring correction of deficiencies under previous permits have been satisfied.

Applicants signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY:	Additional conditions/comments:
Admin./Flat Fee: _____	Assigned Inspector: _____
LF/SF Fee: _____	Inspection Date: _____
Inspection Fee: _____	Horizontal/Vertical As-builts Rec'd: _____
TOTAL FEE: _____	3 Year Warranty Inspection Date: _____
<input type="checkbox"/> Cash <input type="checkbox"/> Check	
Issued By (City Staff): _____	Date: _____