



**RIGHT- OF- WAY UTILIZATION
APPLICATION**
Permit for Construction within
County Road Right-of Way or other Public Areas

**CITRUS COUNTY
ENGINEERING DIVISION**
3600 West Sovereign Path- Suite 241
Lecanto, FL 34461 (352) 527-5446

[Click here for Requirement List](#)

TYPE OR PRINT LEGIBLY

1. APPLICANT'S NAME: _____ Phone: _____
MAILING ADDRESS: _____
2. AGENT'S NAME (If different than above): _____ Phone: _____
AGENT'S ADDRESS: _____
3. OWNER'S NAME (If different than above): _____ Phone: _____
OWNER'S ADDRESS: _____
4. PROPOSED CONSTRUCTION: (MARK THE APPROPRIATE BOX (☐) AND PROVIDE THE REQUIRED INFORMATION):
 - A. UTILITIES (Type): _____

LOCATION: _____
TOTAL LINEAL FEET: _____ TOTAL NUMBER OF ROAD CROSSINGS: _____
CROSSING (Type & No.): MISSILE: _____ J & B: _____ OPEN CUT: _____
 - B. ROADS (Type): _____
LOCATION: _____
 - C. OTHER (Describe): _____

LOCATION: _____
 - D. COMMENTS: _____

THE PERMIT WILL BE ISSUED SUBJECT TO THE FOLLOWING CONDITIONS:

5. A. ALL AUTHORIZED WORK SHALL BE COMPLETED IN ACCORDANCE WITH THIS APPROVED APPLICATION, THE PROVISIONS OF THE LAND DEVELOPMENT CODE AND OTHER APPLICABLE REGULATIONS.
- B. PUBLIC SAFETY AND MAINTENANCE OF TRAFFIC SHALL BE MAINTAINED DURING CONSTRUCTION IN ACCORDANCE WITH FDOT AND MUTCD STANDARDS.
- C. WHEN **EXCAVATION** IS INCLUDED IN THIS PERMIT ALL **GAS** COMPANIES MUST BE CONSULTED FOR INFORMATION AS TO EXISTING GAS PIPELINES AND APPURTENANCES PURSUANT TO THE PROVISIONS OF **CHAPTER 553.851 FLORIDA STATUTES**. OTHER UTILITIES SHOULD LIKEWISE BE CONSULTED.
- D. PRIVATE DRIVEWAYS, PUBLIC UTILITIES, AND OTHER SUCH IMPROVEMENTS PERMITTED HEREWITH WHICH ARE NOT AVAILABLE FOR IMMEDIATE USE BY THE GENERAL PUBLIC ARE CONSIDERED AS REMAINING IN PRIVATE OWNERSHIP AND ACCOMODATED WITHIN THE PUBLIC RIGHT-OF-WAY OR OTHER PUBLIC AREAS. THE OWNERS OF SUCH FACILITIES, OR THEIR SUCCESSORS OR ASSIGNS, SHALL BE RESPONSIBLE FOR MAINTAINING SUCH FACILITIES IN GOOD AND SAFE REPAIR.
- E. THIS APPLICATION SHALL BECOME A PERMIT WITH SIGNATURE OF AUTHORIZED BELOW.
6. A. I HEREBY CERTIFY THAT I HAVE MADE APPLICATION FOR THE PERMIT DESCRIBED ABOVE, THAT I HAVE PROPER AUTHORITY AND AUTHORIZATION TO APPLY FOR SUCH PERMIT AND THAT I AGREE WITH THE CONDITIONS OF THE PERMIT.
- B. PERMISSION FOR THE ABOVE DESCRIBED CONSTRUCTION IS GRANTED SUBJECT TO ADDITIONAL ATTACHED REQUIREMENTS.

PRINT NAME	SIGNATURE OF APPLICANT	DATE
		S _____ T _____ R _____

TO BE COMPLETED BY OFFICIALS ONLY

FILE NUMBER: _____	EFFECTIVE DATE OF PERMIT: _____
A / P#: _____	BY: _____ OFFICE OF COUNTY ENGINEER OR DESIGNATE