



298 W. Washington  
Stephenville, Texas 76401  
254-918-1220 Ph.  
254-918-1207 Fax

## Public Rights-Of-Way Construction Permit

Date Received: _____	Received By: _____
Title: _____	Department: _____

### 1. Provider Classification:

- a. Franchised or Licensed Company: \_\_\_\_\_
- b. Certified Telecommunications Provider: \_\_\_\_\_
- c. Contact Person: \_\_\_\_\_

### 2. Applicants Name (or Agent/Contractor of #1):

Company Name: \_\_\_\_\_  
Applicant's Name: \_\_\_\_\_  
24 Hour Emergency Phone Number: \_\_\_\_\_

### 3. Project Location:

- a. Location and general description of work in the Public Right-of-Way (Include linear feet of facilities in the Right-of-Way, if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- b. Will work involve removing and/or excavating any pavement, curb and gutter, or sidewalk? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give detailed location:  
\_\_\_\_\_  
\_\_\_\_\_

- c. Will your work involve blocking the Public Right-of-Way?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give street address and nearest street intersection:  
\_\_\_\_\_  
\_\_\_\_\_

### d. Anticipated Work Duration:

i. Start Date: \_\_\_\_\_

ii. Finish Date: \_\_\_\_\_



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**4. Requirements:**

Two (2) Copies of construction plans and two (2) maps to be submitted with application.

Submittals shall be submitted electronically in PDF via confirmed email or flash drive.

Surrounding underground services must be located.

Proof of insurance is attached or on file.

The contractor shall contact the Public Works Office and Utility Superintendent at 254-918-1292 and 254-918-1235 respectively at least 48 hours in advance of the start of the project unless authorized by the city.

This permit will become null and void if construction has not begun within 90 days.

Above ground route/location markers are not permitted, except as required by law.

Applicant shall indemnify and forever hold the city harmless against each and every claim, demand or cause of action that may be made or come against it by reason of or in any way arising out of the closing, blocking, excavating, cutting, tunneling, or other work by the applicant under permit from the City if such permit is granted unless otherwise provided in law.

Signed: \_\_\_\_\_ Printed: \_\_\_\_\_  
Authorized Agent of Provider

Date: \_\_\_\_\_

**NOTE: Emergency Work:** Permit to be taken out the next business day.



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**Exhibit A**

**PROOF OF INSURANCE AND BONDS**

1. An applicant shall obtain and maintain insurance in the following amounts with a company authorized to do business in the state of Texas acceptable to the City.

TYPE OF INSURANCE	LIMIT (IN MILLIONS)
General Liability (including Contractual Liability Written on an occurrence basis)	General Aggregate 2 M
	Product/Comp./Op. Agg. 2 M
	Personal & Adv. Injury 1 M
Automobile Liability; including any auto, hired autos and non-owned autos	Each Occurrence 1 M
	Combined Single Limit 1 M
Excess Liability, Umbrella Form	Each Occurrence 2 M
Worker's Compensation and Employer's Liability	Aggregate 2 M
	Each Accident .5 M
	Disease-Policy Limit .5 M
	Disease-Policy Employee .5 M

2. Each policy must include a cancellation provision in which the insurance company is required to notify the city in writing, not fewer than thirty (30) days before canceling, failing to renew, or reducing policy limits. Each policy shall provide that notice of claims shall be provided to the City Administrator by certified mail.
3. The applicant shall file the required original certificate of insurance prior to any commencement of work. The certificate shall state the policy number; name of insurance company; name and address of the agent or authorized representative of the insurance company; name, address and telephone number of insured; policy expiration and specific coverage amounts. The certificate shall name the City and its officers, employees, board members and elected representatives as additional insured for all applicable coverage. The city may request the deletion, revision or modification of particular policy terms, conditions, limitation or exclusions unless the policy provisions are established by law or regulation binding the city, the applicant or the underwriter. If the city requests a deletion, revision or modification, the applicant shall exercise reasonable efforts to pay for and accomplish change.



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4. Applicant shall obtain and maintain, at its sole cost and expense, and file with the Planning and Building Services Department, a corporate surety bond in the amount \$1,000,000 both to guarantee timely construction and faithful adherence to all requirements of this ordinance. The bond amount may be reduced to \$50,000 after a period of two (2) years provided applicant has complied with all terms and conditions herein. The bond shall contain the following endorsement: "It is hereby understood and agreed that this bond may not be cancelled by the surety nor any intention not to renew be exercised by the surety until thirty (30) days after receipt by the city of such written notice of such intent." The bond shall provide, but not be limited to, the following condition: There shall be recoverable by the city, jointly and severally from the principal and the surety, any and all damages, loss or costs suffered by the city resulting from the failure of the applicant to satisfactorily construct facilities and adherence to all the requirements of this ordinance. The rights reserved to the city with respect to the bond are in addition to all other rights of the city, whether reserved by this ordinance, or authorized by law; and no action, proceeding or exercise of right with respect to such bond shall affect any other rights of the city.
5. The City Administrator or his/her designee may waive or reduce the above requirements, taking into consideration both that the applicant has furnished the city with reasonable documentation to evidence adequate financial resources substantially greater than the insurance and bonding requirements, and has demonstrated in prior rights-of-way construction activity, prompt resolution of any claims and substantial compliance with all required applicable codes and ordinances.
6. The city reserves the right to review the insurance requirements during the effective period of any franchise or municipal consent agreement, and to reasonably adjust insurance coverage and limits when the City Administrator determines that changes in statutory law, court decisions, or the claims history of the industry or the provider require adjustment of the coverage. For purposes of this section, the city will accept certificates of self-insurance issued by the State of Texas or letters written by the applicant in those instances where the State does not issue such letters, which provide the same coverage required herein. However, for the city to accept such letters, the applicant must demonstrate by written information that it has adequate financial resources to be a self-insured entity as reasonably determined by the city, based on financial information requested by and furnished to the city.
7. The financial and insurance requirements may be met by applicants with a current franchise or license and applicants governed by Chapter 283 of the Texas Local Government Code if the current franchise, license or statutory indemnity adequately provides for insurance or bonds or provides an indemnity in favor of the city.



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**Provider Classification:** \_\_\_\_\_

**Electric Co.** \_\_\_\_\_ **Gas Co.** \_\_\_\_\_

**Telephone Co.** \_\_\_\_\_ **Cable Co.** \_\_\_\_\_

Franchised or Licensed Company: \_\_\_\_\_

Certificated Telecommunications Provider: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Other Number: \_\_\_\_\_

**List names of sub-contractors typically performing work in the City of Stephenville:**

<b>Name:</b>	Address:
City: State:	Phone Number:
Zip:	
<b>Name:</b>	Address:
City: State:	Phone Number:
Zip:	
<b>Name:</b>	Address:
City: State:	Phone Number:
Zip:	

(Use back if more space is needed)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed: \_\_\_\_\_



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**Public Provider Registration Form for Public Rights-Of-Way Access**

Authorized Agent of Provider