



MARICOPA COUNTY DEPARTMENT OF TRANSPORTATION PERMIT APPLICATION FOR CONSTRUCTION IN COUNTY RIGHT-OF-WAY

Supervisor Dist.: _____

Reviewed By: _____

MCDOT TC NO.: _____ Submitted By: _____

Issue Date: _____

Expiration Date: _____

The undersigned herewith makes application for a permit to enter upon and use a portion of the right-of-way of the Public

Project Title: _____

Major Crossroads / Address: _____

in the _____, Of Section _____, Township _____, Range _____

for the purpose of: _____

Applicant Name (PRINT): _____

Applicant Signature: _____

Address: _____

Phone: _____

Contractor: _____

City, State, Zip Code: _____

Contact Person: _____

Phone: _____

Contact Email: _____

Fax: _____

Owner: _____

Please answer the following related to this project:
Enter Total Sheets for Review by MCDOT: _____
[] Is this a MCDOT project? If so, please provide name and/or number.
Is there an IGA for this project? If so, please provide a copy.
If applicable, please provide the utility company job number:
[] Is this a cell or wireless project?
[] Is this project subject to a license or franchise agreement?
[] Is this related to a subdivision? If so, please provide subdivision name:

Table with 5 columns: ENTER PERMIT ITEMS, Unit Cost, Unit, Quant., Amount. Rows include WATER, SEWER, PVMT, MISC., OTHER.

Professional Registrant Seal for Cost Estimate (if applicable)

Below section for use by MCDOT permitting staff only
SUBTOTAL PERMIT ITEMS (above)
PLAN REVIEW FEE @ \$100/sht
PROCESSING FEE
PERMIT FEE (3% of Permit Items)
TOTAL FEE (Permit Fee + Review + Processing)
INSURANCE (Expiration Date):
BOND REQUIRED, Y N
Comments:

*Attach additional sheet if necessary for more permit items.

*For questions regarding this permit application contact a MCDOT right-of-way permit coordinator at (602) 506-7848, (602) 506-8791 or (602) 506-6216.