



Bureau of Architecture and Engineering
Department of Environmental Services
City Hall Room 225B, 30 Church Street
Rochester, New York 14614-1290
www.cityofrochester.gov

RIGHT-OF-WAY PERMIT APPLICATION

Applicant Name: _____ Contact Name: _____
Address: _____ Address: _____
Telephone: _____ Telephone: _____
Fax /Cell: _____ Fax /Cell: _____
Email: _____ Email: _____

Permit Type (Please Check One):

- Excavation (Regular, Anode, Catch Basin, Manhole, Gas Cut Dead for Demo, Lateral Repair, New Sewer Service, New Water Service, Utility Pole Installation)
Street Obstruction/Barricade (Dumpster, POD, Sidewalk Closure)
Driveway Work (Resurface, Widen, New Residential, New Commercial, Annual Resurfacing)
Water Service Abandonment
Hydrant Use
Above Surface Encroachment (Arch. Details, Banner, Bridge, Sign, Sidewalk Café, Storm Enclosure, Marquee, Flagpole, Balcony, Fire Escape, Fixed Projection, Light Fixture)
Sub-Surface Encroachment (Footings, Foundation Walls, Tunnel, Vault/Areaway)
Over-dimension (Vehicle, Building)
Annual Maintenance
Sidewalk Construction/Repair
New Street Construction/Repair
Building Wall
Other

Work Description:

Will facilities be abandoned? _____ Yes _____ No If yes, _____ Remove or _____ Leave in Place?
Type/ Description: _____

Work Location Information

Table with 6 columns: Address (Number & Street), Size of Cut, Impact Area (check all that apply) - Sidewalk, Pavement, Tree-lawn, Driveway. Includes three rows of input lines.

Application for Right-of-Way Permit

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Are drawings attached to this application? _____ Yes _____ No

Dates of Proposed Work: From _____ To: _____

Is proposed work being done in conjunction with City street project? _____ Yes _____ No

If yes, please identify street project: _____

If granted a permit for the proposed work, I agree to perform all work according to the City of Rochester's Standards for Work in the Right-of-Way and any additional restrictions imposed by the City as a condition of the permit.

Signature of Applicant

Date

Below this line for internal use only

Maps & Survey Monument Review:

Of Monuments Impacted: _____

Monument Sheet Attached _____ Yes _____ No

Signature of Maps & Surveys Representative

Date

Street Design Project Review:

Work Approved: _____ Yes _____ No

Work Begin Date: _____

Work End Date: _____

Signature of Project Engineer

Date

Permit Office Review:

Signature of Inspector

Date

Fire Dept. Sidewalk Café Boundary Review:

Signature

Date

Facilities Abandonment Plan Approval:

Signature

Date

Special Conditions:

