

**SARASOTA COUNTY PLANNING AND DEVELOPMENT SERVICES
RIGHT-OF-WAY USE PERMIT APPLICATION**

APPLICANT _____

APPLICANT ADDRESS _____

APPLICANT PHONE _____ 24 HOUR EMERGENCY PHONE _____

APPLICANT EMAIL ADDRESS _____

LOCATION/ADDRESS OF WORK: _____ PARCEL ID # _____

Is this site located on a designated Canopy Road? Yes___ No___
Is there going to be tree or tree root disturbance? Yes___ No___

Class A - \$250 Class B - \$300 Class C - \$500 Class D - \$900 Class H - \$75 Class G – ½ Price of Appl Class

- | | | |
|---------------------------------|-------------------------------|----------------------------------|
| A - Minor Landscaping | B – Parking Areas | D – Intersection of Street |
| A - Utility Taps | B – Excavate in ROW | D – General Roadway Work |
| A - Grade and Sod Swales | C – Road Cuts | D – Turn Lane at Comm/Subdiv Ent |
| A – Signs | C – Installation of New Equip | G – Sarasota County Government |
| A - Single Utility Pole Install | C – Water/Sewer Tie-ins | H – Curb Cuts |
| A - Directional Bore | C – Jack and Bore | H – Landscaping (Homeowner) |
| B – Significant Landscaping | C – Combined J&B/Road Cuts | H – Concrete Driveway Aprons |
| B – Material Staging Areas | C – Water/Sewer Line Install | |

FOR THE PURPOSE OF: _____

INSTRUCTIONS

- The applicant must provide an **original bond (fax copies not accepted)** to Land Development Services in the **minimum** amount of **\$15,000.00** or the **Engineer’s estimate**, whichever is greater to assure restoration of the area to original or better condition for work hereby permitted. The acceptable bond form can be found at www.scgov.net. Please contact Mary Stephens at 941-861-6576 for bond information. Class H applications are exempt from bonding.
- All construction and restoration must meet those requirements determined applicable by Sarasota County before work will be deemed complete and before applicant will be released from said responsibility or posted bond returned.
- Three (3) plan copies must be provided with this application.** Plans must show all locations of underground and overhead utilities, culverts, driveways or any other structures in the right-of-way. Typical cross-section showing depth of existing utilities and location of proposed installation must be included. An approved MOT (maintenance of traffic) plan is required for work, material and equipment storage, and employee parking that utilize the “clear zones” at any time.
- The Land Development Services Inspector MUST be notified at least 24 hours prior to commencement of construction operations.
- NOTICE: The Right of Way Use Permit will become invalid on the expiration date noted on the permit. If an extension is necessary, the request, along with a check in the amount of \$100.00 must be submitted 10 days prior to the expiration date or this permit will become invalid and a Stop Work Order may be placed on the project. If a Stop Work Order is issued, a fee in the amount of \$300.00 will be required to have it removed.**

I HEREBY AGREE to all the terms under which the Right of Way Use Permit is issued.

APPLICANT SIGNATURE DATE

FOR OFFICE USE ONLY

APPLICATION NO.: _-_-_-_- DATE RECEIVED: _____ INSPECTOR: _____

Receipt # _____ Check # _____

**SARASOTA COUNTY
RIGHT-OF-WAY USE PERMIT
FEE CALCULATION SHEET**

Applicant: _____

Class Type: _____

			TOTAL
RECORDS FEE:	\$15.00		\$15.00
CLASS A	\$250.00	x _____	
-Minor Landscaping			
-Utility Taps			
-Grade and Sod Swales			
-Single Utility Pole Installation			
CLASS B	\$300.00	x _____	
-Significant Landscaping			
-Material Staging Areas			
-Parking Areas			
CLASS C	\$500.00	x _____	
-Installation of New Equipment			
-Water and Sewer Tie-ins			
-Jack & Bore or Road Cuts			
-Combination of Jack & Bore/Road Cuts			
-Water/Sewer Line Installation directly related to Construction of an approved development			
CLASS D	\$900.00	x _____	
-Per Intersection of Street			
-Per Turn Lane at Entrances			
-General Roadway Work			
CLASS G			
-Sarasota County Govt	1/2 Price of Above	= _____	
CLASS H			
-Homeowner-Minor	\$75.00	x _____	
TOTAL			

RIGHT OF WAY USE BOND

BOND NO.: _____

KNOW ALL MEN BY THESE PRESENTS that we,

* _____, as Principal, and

** _____, as Surety, are

held and firmly bound unto the Board of County Commissioners of the Sarasota County, Florida, in the sum of Fifteen thousand dollars, (\$15,000) for the payment whereof, well and truly be made, we bind ourselves, our successors assigns.

The condition of this obligation is such that whereas, said Principal is granted a Right-of-Way Use Permit under the Provisions of Ordinance 97-051, Road Construction Technical Manual, [Section C.2.a.3)] Land Development Regulations, (which Ordinance requirements are incorporated herein by this reference) in connection with all work performed or to be performed within the County rights-of-way under said Permit.

Now, therefore, if said Principal shall comply with Ordinance 97-051 as set out above, and repair any damages or injury to the road, highway, drainage, utilities, sidewalks or bicycle path by reason of the exercise of the privileges granted in any instrument creating such license and shall repair said road, highway, drainage, utilities, sidewalks or bicycle paths promptly restoring it to a condition at equal to that which existed immediately prior to the infliction of such damage or injury; shall pay all costs and reasonable attorney’s fees incurred by the Board of County Commissioners in the enforcement of this bond; shall hold the said Board of County Commissioners and the members thereof harmless from the payment of any compensation or damages resulting from the exercise of the privileges granted in any instrument creating such license; and shall comply with all provisions in said instrument this bond shall be void; otherwise to remain in full force.

***[Insert name of Principal and address]**

****[Insert name of Bonding Company and physical street address]**

SIGNED AND SEALED this _____ day of _____, 20 _____.

(INSERT FULL NAME OF PRINCIPAL)

WITNESS:

By: _____
(Signature of Pres. or V.P.)***

(Signature)

(Printed Name & Title)

(Printed Name)

***If signatory is not President or Vice President, a corporate resolution or similar authorization evidencing signatory authority must accompany this form.

(INSERT FULL NAME OF SURETY)

WITNESS:

By: _____
(Signature)

(Signature)

(Printed Name and Title)

(Printed Name)

Approved as to Form and Execution

County Attorney

[Attach original Power of Attorney dated same as Bond with original Seal]