

RIGHT-OF-WAY PERMIT APPLICATION

Community Development
110 North 1st Street, Indianola, Iowa 50125-0299
(515) 961-9430 • comdev@indianolaiowa.gov



PROPERTY OWNER

(Last Name) _____
(First Name) _____
(Address) _____
(City) _____ (State) _____ (Zip) _____
(Phone) _____ (Email) _____

CONTRACTOR (if not Property Owner)

(Company Name) _____
(State of Iowa Registration Number) _____
(Address) _____
(City) _____ (State) _____ (Zip) _____

RIGHT-OF-WAY INSTALLATION

Submittal Requirements:

All submittal requirements must be completed. Incomplete applications will not be considered

- Completed Application
- Filing Fee: \$100
- Written and graphic material that states and shows the particular part of or point on the City right-of-way where placement, construction, or excavation is proposed to occur
- Time during which the work is to be done and completed

Start Date: _____ Completion Date: _____

- Other Information as required by Director

STREET TREES

Submittal Requirements:

All submittal requirements must be completed. Incomplete applications will not be considered

- Completed Application
- Property Address: _____
 - New Tree
 - Remove Tree
- Filing Fee: \$5 per tree
- Site plan showing the property along with the existing public sidewalk, street, parking area, curb, fire hydrants, utility pole, traffic sign, street lights, mail box and/or other obstructions located between the property line and the outside edge of the curb, all of which shall be to a definite indicated scale.
- Species, height, trunk diameter, location and numbers of each tree proposed to be planted and of those trees already existing in the street parking and within 20 feet of the proposed tree planting.

I certify that the information and exhibits submitted are true and correct to the best of my knowledge and that in filing this application I am acting with the knowledge, consent and authority of the owner(s) of the property. Pursuant to said authority, I hereby permit City officials to enter upon the property for the purpose of inspection related to this application.

Signature _____

Name (printed) _____ Date _____

FOR OFFICE USE ONLY: Code to 41360

Date Received: _____

Receipt No: _____

Receipt Amount: _____