



RIGHT-OF-WAY LICENSE FOR CONTRACTORS

ROW License is Required For:

1. Excavation work in City of right-of-way or easement.
2. Concrete or asphalt placement work in City right-of-way or easement.
3. Snow removal, debris, of other material in City right-of-way or easement.

Steps:

1. Complete and sign the application.
2. Obtain a "Certificate of Insurance," showing a minimum amount of \$500,000 liability for excavation work; or minimum \$100,000 liability for concrete or snow removal work, naming City of Lewisville as Certificate Holder or Loss Payee.
3. Obtain Surety/Performance Bond in amount of \$5,000 for the year of licensure plus the warranty year (a continuous bond with no expiration is preferred).

Submit steps 1,2 & 3 to the City Clerk's office, along with payment of \$75.00 for the license fee (current annual fee).

NOTE: Partial application packages will not be accepted.

Permits are Required For: Each construction activity and each project location.

Permit Procedures:

1. Contractor must hold a current license before a permit can be obtained
2. Submit completed and signed permit application and fees, which may require engineered drawings and/or traffic control plan, to the City Clerk
3. Call Digline (811) for locates
4. Obtain approved permit, signed and dated by the City of Lewisville
5. Provide required notice to City in advance of work
6. Complete the work, calling for inspections as required by City Code
7. Submit "As-built" drawings to the City Council as required. Provide 1-year warranty from date of acceptance for improvements and surface repairs



APPLICATION FOR LICENSE
to work within the
PUBLIC RIGHTS OF WAY OF THE CITY OF LEWISVILLE

to be filed with the CITY CLERK'S OFFICE
3451 E 480 N, Lewisville, ID 83431
(call 208-684-2043 for an appointment)

THIS BOX TO BE COMPLETED BY APPLICANT

Date _____

Applicant _____ Individual
(COMPLETE BUSINESS NAME)

Address _____ Partnership
(NUMBER AND STREET) (P.O. BOX)

_____ Corporation
(CITY) (COUNTY) (STATE) (ZIP)

Phone _____ LLC
(AREA CODE) (SOCIAL SECURITY/TAX ID#)

Other

Original Application Renewal Application

I HEREBY CERTIFY THAT I AM FAMILIAR WITH THE CITY OF LEWISVILLE CODE
SECTIONS 4-5-1 THROUGH 4-5-9 AND AGREE TO ABIDE BY THE CONDITIONS THEREOF.

SIGNATURE OF OWNER TITLE

(FOR OFFICE USE ONLY)

Received By _____ INITIAL _____ Reviewed By _____ INITIAL DATE _____

Bond Rec'd. Bond Amt. _____ Bonding Co. _____

Ins. Rec'd. Ins. Amt. _____ Insurance Co. _____

Bond Exp. Date _____ Insurance Exp. Date _____

License Fee _____ Receipt No. _____ Date _____

License No. _____ Date Issued _____ Issued By _____



PUBLIC RIGHT-OF-WAY LICENSE INFORMATION

Please complete the following to the best of your ability. This information will be used to issue Right-of-Way use permits. Failure to complete the form may delay issuing permits.

Date _____

License Holder's Name _____

Address _____

Phone _____ Emergency/Cell Phone _____

Company Agent/Officer _____

Type of Work _____

Authorized Personnel Cell / Emergency Phone (allowed to call in permits & locates)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____

Return to: City Clerk's Office, City of Lewisville, 3451 E 480 N, Lewisville, ID 83431
Phone: (208) 684-2043 Email: clerklewisville@gmail.com