

# City of Windsor Heights Right of Way Application for Work

Date of Application: \_\_\_\_\_

**WORK SHALL NOT COMMENCE UNTIL A SIGNED COPY HAS BEEN RETURNED TO YOU  
ALLOW MINIMUM OF 5 WORKING DAYS FOR REVIEW AND APPROVAL**

## APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_ Applicant Phone: \_\_\_\_\_

Applicant Address: \_\_\_\_\_ Applicant Email: \_\_\_\_\_

## FACILITY OWNER INFORMATION

Facility Owner Name: \_\_\_\_\_ Facility Owner Phone: \_\_\_\_\_

Facility Owner Address: \_\_\_\_\_ Facility Owner Email: \_\_\_\_\_

## CONTRACTOR INFORMATION

Contractor (Person performing the work): \_\_\_\_\_

Contractor Address: \_\_\_\_\_ Contractor Phone: \_\_\_\_\_

Contractor Email: \_\_\_\_\_

## PROJECT INFORMATION

## WORK ORDER# \_\_\_\_\_

Construction Type: (Please Circle)

Sewer Pavement Gas Water Telecommunications Electric Trees

Other \_\_\_\_\_

## Physical address and Description of work to be performed:

Start Date: \_\_\_\_\_

Approximate Completion Date: \_\_\_\_\_

## REQUIRED ATTACHMENTS (To be submitted with each application)

- Bond and Insurance
- Construction Documents i.e. drawings, traffic control, GIS Plans, etc.
- Please check the city code for comprehensive list of required attachments
- Payment \$100.00

## INDEMNIFICATION: City Code Chapter 135 & 141

- Private utilities are not located by Windsor Heights or Iowa One Call. Locates for these utilities are the responsibility of the contractor. (Ex. Water, Sanitary, Storm service lines and others) See: <http://www.iowaonecall.com/resources/>
- Work shall comply with current SUDAS. See: <https://www.iowasudas.org/>
- I have read, agreed, and completed the indemnification requirements. 24 HR Notification required before starting work-please call: Public Works at 515-645-6825
- For inspection, call Public Works at 515-279-3662. Minimum 48 hour notice is required, Monday-Friday.

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CITY USE ONLY:

updated 8/20/2025

Date approved: \_\_\_\_\_

Received By: \_\_\_\_\_

Permit #: \_\_\_\_\_

Form of Payment \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ CC \_\_\_\_\_

Approval Granted By: \_\_\_\_\_

Permit Valid Until: \_\_\_\_\_

Remarks: \_\_\_\_\_

