



**CITY OF PETERSBURG, VIRGINIA
DEPARTMENT OF PUBLIC WORKS**

PERMIT TO WORK WITHIN THE PUBLIC RIGHT-OF-WAY

APPLICANT : _____ DATE: _____

ADDRESS OF WORK: _____

DESCRIPTION OF WORK: _____

BONDING COMPANY: _____ BOND AMOUNT : \$ _____

APPLICANT WILL COMPLETE WORK BY DATE _____.

APPLICANT'S REPRESENTATIVE: _____

TITLE: _____ TELEPHONE NO: _____

APPLICANT'S ADDRESS: _____

APPLICANT'S SIGNATURE: _____

OFFICE USE ONLY

SPECIAL CONDITIONS

BUS ROUTE: **YES / NO** IF YES , CONTACT PETERSBURG AREA TRANSIT AT **733-2413**, 24 HOURS PRIOR TO BEGINNING CONSTRUCTION.

SIGNALIZED INTERSECTION: **YES / NO** IF YES, CONTACT TRAFFIC SIGNAL DIVISION AT **733-2415**, 24 HOURS PRIOR TO BEGINNING CONSTRUCTION

PERMIT #: _____ BLOCK NUMBER : _____

APPROVED: _____

APPROVED DATE: _____ EXPIRATION DATE: _____

AMOUNT RECEIVED: \$ _____ NUMBER OF CUTS _____