



City of Newell Right Of Way Work Application

City: _____

Date of Application: _____

APPLICANT INFORMATION

Applicant Name: _____

Applicant Phone: _____

Applicant FAX: _____

Applicant Address: _____

Applicant Email: _____

FACILITY OWNER INFORMATION Check if same as applicant

Facility Owner Name: _____

Facility Owner Phone: _____

Facility Owner Address: _____

Facility Owner Email: _____

CONTRACTOR INFORMATION

Contractor (Person performing the work): _____

License Number: _____

Contractor Address: _____

Contractor Phone: _____

Contractor Email: _____

Person in Charge of Job (name): _____

24 hr. Phone #: _____

Does the contractor have a bond on file with the city? Yes No If no please attach copy

PROJECT INFORMATION

WORK ORDER # _____

Construction Type: Sewer Pavement Gas Water Telecommunications Electric

Trees Sidewalks Driveway Approach Other _____

Description of work to be performed:

Start Date: _____

Approximate Completion Date: _____

REQUIRED ATTACHMENTS

- Bond (if not on file with city)
- Construction Documents i.e. drawings, traffic control, GIS Plans, etc
- Please check the city code for comprehensive list of required attachments
- Payment (\$25 Fee)

INDEMNIFICATION: Please read the city code for indemnification requirements – <https://www.newelliowa.com/>

I have read, agreed and completed the indemnification requirements.

24 HR Notification required before starting work-please call permitting jurisdiction at (712) 272-4410

Contractor Signature: _____

Date: _____

Facility Owner Signature: _____

Date: _____

CITY USE ONLY:

Date submitted: _____

Permit # (if applicable) _____

Approval Granted By: _____

Received

Form of Payment Cash Check

Permit Valid Until _____

By: _____

CC

Remarks:

