



Application #: \_\_\_\_\_  
ENGINEERING DEPARTMENT  
PO Box 4169, 911 North Seventh Avenue  
Pocatello, Idaho 83205  
(208) 234-6225 FAX (208) 234-6151

### APPLICATION FOR RIGHT-OF-WAY USE LICENSE AGREEMENT

Filing Fee: \$75.00

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

Owner Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Property Address: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please answer each question regarding the subject property. Proof of ownership or documentation from the owner allowing this right-of-way use request must be attached.**

1. What is reason for the request for right-of-way use? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Provide two (2) copies of scaled legible plans showing all pertinent information (minimum size 8.5"x11") relating to the right-of-way use request.

3. Legal description of the property. Attach a deed or some other proof of ownership. \_\_\_\_\_  
\_\_\_\_\_

**I certify that I have answered the above questions fully and truthfully and that I am the owner of this property (or have provided documentation from the owner allowing this request). I further certify that all dwelling units meet fire and safety codes.**

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### For Office Use Only:

Planning and Zoning Dept. Staff Approval  Denial  Staff Initials: \_\_\_\_\_ Comments: \_\_\_\_\_

Street Dept. Staff Approval  Denial  Staff Initials: \_\_\_\_\_ Comments: \_\_\_\_\_

Traffic Dept. Staff Approval  Denial  Staff Initials: \_\_\_\_\_ Comments: \_\_\_\_\_

Engineering Dept. Staff Approval  Denial  Staff Initials: \_\_\_\_\_ Comments: \_\_\_\_\_

Return to Engineering Department. APPROVED  DENIED  Staff Initials: \_\_\_\_\_

Legal Department to Draft Right-Of-Way Use License Agreement for signatures.

Forward Copies to: Applicant, Application File, Engineering and Planning and Zoning Department. Final agreement to be copied to City Clerk.