



**RIGHT-OF-WAY REGISTRATION**

**City of North Sioux City  
504 River Drive, North Sioux City, SD 57049  
Phone (605) 232-4276 Fax (605) 232-0506**

Right-of-Way registration must be established prior to submitting application for any Right-of-Way project permit. Any person, company or franchise who occupies, uses or seeks to occupy or use the Right-of-Way for any facilities located in the Right-of-Way, or seeks to locate facilities, shall register with the City of North Sioux City.

REGISTRANT NAME \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PHONE NO. ( ) - CELLULAR ( ) - FAX NO. ( ) -

OWNER NAME(S) \_\_\_\_\_ PHONE NO. ( ) -  
\_\_\_\_\_ PHONE NO. ( ) -  
\_\_\_\_\_ PHONE NO. ( ) -

With the registration form, provide the following copies (to remain on file):

- Certificate of Workman’s Compensation Insurance
- Certificate of Commercial General Liability
- Copy of Federal Employer Identification Number (EIN) and a completed W-9
- Proof Registrant is authorized to do business in the state of South Dakota
- As built drawings and locations of all facilities and underground facilities in North Sioux City’s Right-of-Way property.

I certify I am authorized to act as the agent regarding the person, company or franchise submitting this registration form. I affirm I am familiar with and will comply with all applicable city, state and federal laws, ordinances, codes and regulations in performing relative to building and construction within the City.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICE USE ONLY**

RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_ APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



APPROVED

DENIED

### RIGHT-OF-WAY PERMIT APPLICATION

All Right-of-Way users must be registered with the City prior to obtaining permits.

A Right-of-Way Permit Application is required to protect the City's utilities infrastructure buried beneath street pavement, paved areas and easements. All work must be restored to the specifications. Applicant must comply with all applicable city, state and federal laws, ordinances, codes and regulations in performing the work authorized by this permit.

APPLICANT / CONTRACTOR INFORMATION			
APPLICANT NAME		COMPANY NAME	
ADDRESS		PHONE NO.	
CONTRACTOR'S LICENSE NO. / EXPIRATION DATE		EMERGENCY CONTACT NO.	
OWNER / FRANCHISE INFORMATION			
OWNER NAME		COMPANY NAME	
ADDRESS		PHONE NO.	
CONTACT	PHONE NO.	EMERGENCY CONTACT NO.	
PROJECT INFORMATION			
LOCATION / ADDRESS / CROSS STREETS			
PROJECT DESCRIPTION (Attach additional sheets if necessary.)			
PROJECT DURATION*	TENTATIVE START DATE	TENTATIVE END DATE	
CHECK ALL THAT APPLY: <input type="checkbox"/> Trench <input type="checkbox"/> Boring/Potholing <input type="checkbox"/> Curb Cut <input type="checkbox"/> Street Cut <input type="checkbox"/> Sidewalk <input type="checkbox"/> Unpaved Shoulder <input type="checkbox"/> Service Install <input type="checkbox"/> Phone <input type="checkbox"/> Cable <input type="checkbox"/> Power <input type="checkbox"/> Other (Explain): _____			
WILL CONSTRUCTION REQUIRE ANY STREET CLOSURES OR LANE BLOCKAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, attach copies of your traffic control plans, listing lanes, dates and times to be closed.			

\*Duration is qualified by equipment on site to restoration of right-of-way.

*It is unlawful for any person to give any false or misleading information in connection with application for a permit. I certify I am authorized to act as the agent regarding the property at the above-referenced address for the purpose of filing application for decisions, permits or review. I further certify that I understand upon completion the Right-of-Way will be restored to North Sioux City's specification. The applicant and owner assume full responsibility and liability, hold harmless and indemnify the City for claims resulting from said construction. In the event that the applicant, in the course of performing authorized work, causes any damage, the applicant and owner are liable for damages and will repair the damage at its sole expenses and reimburse the City of North Sioux City for any costs incurred to restore the Right-of-Way to previous condition.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

RECEIVED COPY

Workman's Compensation Insurance  Commercial General Liability  Bond  Site Plan / Drawings  Traffic Plan

ROW Registrant:  Yes  No

APPROVED BY \_\_\_\_\_