



UTILITY PERMIT APPLICATION FORM

ROAD NAME: _____ ROUTE NO. _____ DATE: _____

AREA/ADDRESS: _____

COMPANY NAME/INDIVIDUAL: _____

(Mailing Address)

A. REQUEST PERMISSION TO: B. LOCATION OF WORK: _____

C. CONTRACT OR REFERENCE NUMBER: _____
(Contract, Drawings, Etc.)

D. Anticipated Starting & Completion Dates: _____

E. Estimated Number of Actual Work Days Needed: _____

F. Traffic Control Manager: _____
(Name)

Authorized Signature

Print Name

Phone

Date

MINIMUM REQUIREMENTS FOR UTILITY PERMIT SUBMITTAL:

- A. Three (3) copies of permit application.
- B. Three (3) copies of an 8 1/2 x 11-inch vicinity sketch with the work area highlighted.
- C. Three (3) sets of plans for the work within the St. Mary's County Right-of-Way.
- D. Three (3) copies of a Traffic Control Plan or applicable standard.
- E. **\$25.00 Application Fee per User Fee Schedule adopted by the Board of County Commissioners on July 1, 2005.**

Items A-D to be submitted as three (3) packages to the following address:

St. Mary's County Dept. Public Works & Transportation
County Highways Division
Traffic Supervisor
P.O. Box 508
California, MD 20619