



City of Belle Isle
 1600 Nela Avenue, Belle Isle, FL 32809
 Tel 407-851-7730 * Fax 407-240-2222 * www.cityofbelleislefl.org

Right-of-Way Utilization Permit Application

Date: _____ Review # _____

Company Name	_____
Company Representative	_____
Business Address	_____
Phone	_____ Fax _____ Cell _____
Email Address	_____
Sub-Contractor's Name	_____
Name of Active Certificate Holder	_____ License No. _____
Business Address	_____
Phone	_____ Fax _____ Cell _____
Email Address	_____
24-hour Emergency Contact	_____

Proposed Work Location	_____
Scope of Work Proposed (Attached 3 sets of Plans and Specs)	_____
Number of Days	_____ Start Date _____ Completion Date _____

EXCAVATION INFORMATION

Length	Depth	Distance from Curb/Pavement Edge	Maintenance of Traffic Plan Attached _____ Yes _____ No
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AERIAL INFORMATION

Length	No. of Poles _____ Existing _____ New	Street _____ Full _____ Partial	Sidewalk _____ Full _____ Partial	Parkway _____ Full _____ Partial
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I (we) hereby agree to be bound by the provisions of the ordinances, specifications and regulations of the Belle Isle City Code or other governmental agency operations in or under municipal streets and to such special conditions, restrictions and regulations as may be imposed by the City Engineer or Transportation Engineer. All installations are subject to removal or relocation at the expense of Applicant as determined solely by the City. Applicant agrees to indemnify, hold harmless and defend the City from any and all actions, claims, suits or judgments whatsoever in connection with any loss, costs or expenses, including attorney's fees, resulting from injury or death of any person or persons, and loss of or damage to property caused by, resulting from or in any way associated with the proposed work within the right-of-way above references or the closure of that street as referenced above.

The Applicant acknowledges that he/she or his/her authorized agents are jointly and severally bound by the terms and conditions of the application and this information.

Signature _____ Owner _____ Agent _____ Date _____

FOR BELLE ISLE USE ONLY:

\$250.00 Recd On _____ Cash/Check _____ By _____ Approved by Zoning? Yes/No



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Steps for Right-of-Way Utilization Permitting in Belle Isle

- 1- Applicant (property owner or contractor) brings completed application, \$250.00 review fee, 3 sets of engineering drawings, and maintenance of traffic plan to City Hall.
- 2- The City reviews documents submitted. A letter is issued indicating zoning compliance with the Code or other documentation that is needed for compliance.
- 3- If the application meets criteria for zoning compliance then the applicant is called to pick up the approved application. The City keeps one complete set of drawings and a copy of the application.
- 4- If the application does not meet the criteria for zoning compliance because of missing documentation, the applicant is faxed a copy of the City's review letter and is instructed to bring the additional documentation to City Hall for further review. Once the application meets criteria for zoning compliance then the applicant is called to pick up the approved application and the applicant then takes the approved application and the packet of materials to Orange County.
- 5- If the application does not meet the criteria for zoning compliance, the applicant has the option of applying for a variance from the City of Belle Isle Planning and Zoning Board and is given information on the variance request process.