Received By Date Received Permit Number **CWPB Staff Use Only**

Telephone:

City of West Palm Beach **Public Works Department** 401 Clematis Street

West Palm Beach, Florida 33401

Office: 561-494-1040 Fax: 561-494-1069



Right-of-Way Use Permit Extension Type or print clearly, Incomplete applications will not be processed

| WPB | | | | |
|------|------|-------|--|--|
| WEST | PALM | BEACH | | |

| PROJECT LOCATI | ON: | | |
|-------------------------|------------------------------|---|---------------------|
| | - | (BLOCK NUMBER) | |
| Existing Permit Num | ber | Extension Duration | Days (180 Days Max) |
| Description of Work | | | |
| TYPE OF PERMITTE | ED USE: EXT | | |
| EXT) <u>EXT</u> | ENSION OF TIME FOR E | XISTING PERMIT (Not expire | d) |
| CHANGE CONTRACTOR INFO | D FOR PERMIT EXTENSION NEW F | PROPERTY OWNER INFORM ON. CHANGES IN INFORMATION PERMIT APPLICATION | |
| Applicant Name: | | | |
| Company Name: | | | |
| Address: | | | |
| City: | | State: | Zip: |
| Telephone: | | | |
| E-mail: | | | |
| Contractor ID: | | | |
| PROPERTY/UTILITY | OWNER INFORMATION | | |
| Owner Name: | | | |
| Name: | | | |
| Address: | | | |
| City: | | State: | Zip: |

West Palm Beach Zoning and Right-of-Way Regulations. (I) (We) affirm and certify that (I) (We) have read, understand, and will comply with the provisions of the minimum conditions applicable to permit application, as defined in the attached document. (I) (We) further certify that the above statements and showings made in any paper or plan submitted herewith are true to the best of (my) (our) knowledge and belief. (I) (We) understand that the application and attachments shall become part of official public record and are subject to public disclosure. (I) (We) understand that if one or more deficiencies exist in the application or attachments, (I) (We) will be notified of the deficient items, and no further action on the application will take place until the required information is submitted. (I) (We) understand that misrepresentation of information contained within this application and attachments may be cause to void any development approvals and permits associated with this application. (I) (We) understand that separate permits may be required from Construction Services, Planning & Zoning, and other regulatory agencies. Applicant Signature Date Owner Signature (When Applicable) Date AUTHORIZATION NOTE: By placing signature upon this application, the property / utility owner is providing written designation, delegation, and authorization to the above named Applicant to execute this application as a binding obligation of the Property / Utility Owner. The City will not accept any application that does not include the foregoing authorization. **Applicant** The foregoing instrument was acknowledged before me this ______day of _______, 20____by _who has produced _____ as identification and who did (or did not) take an oath. (SEAL) Notary Signature (For Applicant) Date Commission Expiration Owner* The foregoing instrument was acknowledged before me this day of , 20 by who has produced _____ as identification and who did (or did not) take an oath. (SEAL) Notary Signature (For Owner) Date Commission Expiration * Use separate duplicate page for each additional owner. Right of Way Permit Extension Checklist Completed Application Renewal All permit applications proposing vehicular / pedestrian obstructions shall include a professionally prepared maintenance of traffic plan (MOT). All construction drawings shall be sealed by a Florida licensed professional engineer and/or registered landscape architect. Minimum plan drawing size shall be 11" x17", maximum size shall be 24" x 36". Permit number: ____ _____Applicant Initial: _____

(I) (We) affirm and certify that (I) (We) have read, understand, and will comply with the provisions and regulations of the City of