

Right-of-Way Annual Registration Form

Annual registration is required prior to applying for a ROW permit in accordance with Right-of-Way Management ordinance. Complete the information which applies to your business entity in the space provided. Completed registration form and attachments shall be returned to City of Irving Capital Improvement Program Department. Please call (972) 721-7877 for questions regarding ROW registration or permits.

COMPANY INFORMATION

Company's Legal Name (Owner of Facilities)

Address

City

State

ZIP

(Area Code) Telephone #

24-Hour Emergency Phone #

Email Address

Contact Person 1

Title

Phone #

Email Address

Contact Person 2

Title

Phone #

Email Address

Is your Company authorized to do business in the State of Texas? (Please check one) Yes No

Name and Address of Registered Agent for Service of Process :

ROW AUTHORIZATION

Authorization to use the right-of-way (Please check one)

Franchise: Ordinance Number: _____ Date: _____

License: Ordinance Number: _____ Date: _____

OR

State law authorization pursuant to: (Check as many as apply)

Utilities Code, chapter 66. Local Government Code, chapter 283. Local Government Code, chapter 284.

ADDITIONAL INFORMATION

By separate attachment, please furnish the following:

Certificate of Insurance (refer to Right-of-Way Management ordinance for requirements).

Provide name, address, and phone number of subcontractors, and type(s) of work to be performed by each.

Other: _____

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The undersigned authorizes the City of Irving to verify any and all information provided as determined necessary. In addition, the undersigned understands that failure to provide the requested information, or providing false information on this form or related attachments may result in disqualification.

Signature

Print Name

Title

ACKNOWLEDGMENT

STATE OF TEXAS §
COUNTY OF _____ §

BEFORE ME, the undersigned on this day personally appeared _____ (Name), _____ (Title) and attested that she/he is authorized to sign on behalf of _____ Corporation. _____ and proved to me through the presentation of a valid Texas Driver's License to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that she/he executed the same for the purposes and consideration therein expressed. M. _____ furthermore attested that _____ is signing this document in _____ capacity as _____ for and on behalf of _____ Corporation, and that such capacity makes his signature valid and binding to _____ Corporation.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this _____ day of _____, 20_____.

Notary Public, in and for the State of Texas,

My Commission Expires: _____

Notary Public, in and for the State of Texas.

Completed forms and attachments must be returned with original signatures (no photocopies) to the address below in person or by mail. To expedite the review process, forms and attachments may be submitted via email to rowpermits@cityofirving.org. However, original forms and attachments are still required and permits will not be approved until all original documents have been received.

City of Irving – Capital Improvement Program Dept.
Attn: Utility Franchise Coordinator
825 W. Irving Blvd. Irving, TX 75060

INTERNAL USE ONLY

Date Received: _____

Complete

Bonds Insurance Map Email Notification Sent _____

Incomplete _____ Email Notification Sent _____

Right-of-Way (ROW) Resources

City of Irving Line Locate Contacts

Water Utilities Department Email wulocates@cityofirving.org

..... Phone (972) 721-2261

Traffic and Transportation Department, for traffic signal locates Phone (972) 721-2646

Utility Inspector Contacts

The utility inspector is notified to review the site 48 hours in advance.

Ron Hilton, Coordinator Office (972) 721-7877 Mobile (972) 742-2366

Bart Perkins, Inspector Office (972) 721-7878 Mobile (972) 824-6848

Bryan Smith, Inspector Office (972) 721-7882 Mobile (214) 232-0881