

**City of Box Elder
Planning and Zoning Department**

420 Villa Drive, Box Elder, SD 57719

Phone: 923-1404 Fax: 923-4264 www.boxelder.us

**RIGHT-OF-WAY
WORK PERMIT**

Ordinance # 495

Right-of-way Work Permit Applications must be submitted at least 24 hours before work starts.

Applicant name: _____	Date: _____
Applicant mailing address: _____	
City, state, and zip code: _____	Phone: _____

Type of Right-of-way work: Describe

Work Location / Address:	
Lot & Block: _____	Subdivision: _____
Section: _____	T 2 3 N, R 8 9 E (Circle #)
Contractor name: _____	Phone: _____
Contractor mailing address: _____	Local License #
City, state, zip code: _____	
If applicant is not the property owner :	
Property owner name: _____	Relationship: _____
Owner mailing address: _____	
City, state, and zip code: _____	Phone: _____
Estimated Date of Work:	

This Application form must be accompanied by the following as required:

- Vicinity map
- A non-refundable Right-of-way Work Permit Application Fee of \$20.00.
- A non-refundable Late Application Fee of \$100.00, in addition to the Right-of-way Work Permit Application Fee, if work begins before Permit issuance.

I understand that it is a Class II Misdemeanor to perform work without the proper State & Local Licensing and certify that the above information is accurate and correct.

Applicant's signature

Print Applicant name

Call 923-1404 and ask for Michelle to notify when work starts and upon completion.

FOR CITY USE ONLY

Date received: _____ Received by: _____

Approval Date:	Approved by:
Start Date:	Date Completed:
Inspection Date:	Inspected by: