EL PASO COUNTY
COLORADO

Department of Public Works

RIGHT-OF-WAY PERMIT APPLICATION

****Permits will typically be approved and applicant notified for payment within 5 business days after the application is determined to be complete. Permits requiring full road closures will take additional days for processing and approval. Once your permit is approved and ready for payment, you will be contacted with instructions on how to pay for and receive your permit. Submit completed applications to rowpermit@elpasoco.com.**

APPLICATION CHECKLIST:

*Please complete all information requested accurately. All applications must be completed in full. Incorrect and/or incomplete applications will not be processed. The following documentation is required with the permit application submission:

☐ Traffic Control Plan
- Traffic control plans must be consistent with the most recent edition of the Manual of Uniform Traffic Control Devices (MUTCD). Typical applications and additional traffic information may be obtained using the links below:
  - https://mutcd.fhwa.dot.gov/htm/2009/part6/part6h.htm#figure6H01
  - https://www.codot.gov/safety/traffic-safety
  - https://coloradosprings.gov/sites/default/files/inline-images/trafficmanual2019.pdf
- Traffic control plans must include the name of the roadway being worked on and an arrow indicating north. Traffic control plans that are hand drawn will not be accepted.
- Road closure justification detailing why a full road closure or road closure to thru traffic is necessary (Only Applies to Road Closures).

☐ Site Map depicting the work area location

☐ Construction Plans of Proposed Work
- Any projects that have been permitted through the El Paso County Planning and Community Development Department must submit constructions plans that are signed and stamped by the Engineer of Record and approved by the ECM Administrator.

☐ Certificate of Liability Insurance in the amount of $1,000,000 with El Paso County Department of Public Works listed as the certificate holder.

☐ Construction/Permit Bond in the amount of $20,000.

CONTACT INFORMATION:

PERMIT APPLICANT/PERMIT HOLDER

Company Name:_____
Street Address: _____
City/State/Zip: _____
Point of Contact Name: _____
Telephone Number: _____
Email Address: _____

SUBCONTRACTOR

Company Name:_____
Street Address: _____
City/State/Zip: _____
Point of Contact Name: _____
Telephone Number: _____
Email Address: _____

RESTORATION COMPANY

Company Name:_____
Street Address: _____
City/State/Zip: _____
Point of Contact Name: _____
Telephone Number: _____
Email Address: _____

SUBCONTRACTOR

Company Name:_____
Street Address: _____
City/State/Zip: _____
Point of Contact Name: _____
Telephone Number: _____
Email Address: _____

PERMIT TYPE:

**Select Only 1 Permit Type*

☐ Encroachment Permit

Required for new installations involving excavation within the County right-of-way.

☐ Excavation Permit

Required for repairs and replacements to existing facilities involving excavation within the County right-of-way.

☐ Obstruction Permit

Required for placement of equipment, materials, and/or traffic control devices within the County right-of-way that does not involve excavation.

☐ Annual Maintenance Permit

Required for maintenance work and/or access to existing facilities located in the County right-of-way. No ground disturbance/excavation is allowed.

PROJECT INFORMATION:

Project Dates:

Application Submission Date: _____
Work Start Date: _____
Work Completion Date: _____

**Maximum 30 Days from Start Date*
**All Restoration Completed*
**All Traffic Control Devices Removed from Site*

Utility Type:

Enter Utility Type

Location:

Street Address:

_____

Service Address *(if different than street address)*:

_____

Work Being Performed For:

- ☐ Permit Applicant/Permit Holder
- ☐ Utility Provider

_____

- ☐ Homeowner
- ☐ El Paso County
- ☐ Other Municipality:

_____

- ☐ New Subdivision:
  - Name: _____
  - Filing #: _____
- ☐ Other:

_____

Total Land Area to be Disturbed:

- ☐ Less than 1 Acre
- ☐ 1 Acre or More
  - Erosion Stormwater Control Permit Required
  - ESQCP Number: _____

Contractor Work Order/Project Number:

_____

Related/Associated EPC Permit Number(s):

_____

SCOPE OF WORK AND TRAFFIC MANAGEMENT:

Complete and/or check all that apply:

**All Dimensions in feet unless clearly specified by applicant.*

**All Dimensions will be rounded up to the nearest whole number.*

Road Name: _____ Nearest Intersecting Road(s): _____

☐ Soft Surface Trench/Cut (Along Shoulder)	_____Width	_____Length	_____Depth
☐ Hard Surface Trench/Cut (In Road)	_____Width	_____Length	_____Depth
☐ Bore (Along Shoulder/Behind Curb)	_____Diameter	_____Length	_____Depth
☐ Bore (Under Road)	_____Diameter	_____Length	_____Depth

☐ Core/Soil Samples/Potholing (Along Shoulder/Behind Curb)	_____Diameter	_____Quantity
☐ Core/Soil Samples/Potholing (In Road)	_____Diameter	_____Quantity

FACILITY	NEW/ Quantity	REPAIR/ Quantity	REMOVE/ Quantity	REPLACE/ Quantity	ACCESS ONLY/ Quantity
Manholes					
Vaults					
Pedestals					
Cabinets					
Poles					
Hydrants					
Other:					

Aerial Lines

- ☐ New
- ☐ Repair
- ☐ Remove
- ☐ Replace
- ☐ Along Shoulder
- ☐ Road Crossing

_____ Length

_____ Height (Above Ground Surface)

**Minimum 19' Required Over County Roads*

STRUCTURE TYPE	NEW	REPAIR	REMOVE	REPLACE	QUANTITY	LENGTH
Sidewalk Panel	☐	☐	☐	☐		
Curb	☐	☐	☐	☐		
Gutter	☐	☐	☐	☐		
Pedestrian Ramp	☐	☐	☐	☐		
Driveway Apron	☐	☐	☐	☐		
Cross Pan	☐	☐	☐	☐		
Culvert	☐	☐	☐	☐		

Traffic Management

Time Area will be Occupied/Closed (i.e. 9am-4pm): _____

Posted Speed Limit (Miles per Hour): _____

☐ Sidewalk Closure — Approximate Total Days Traffic Control to be Setup/Crews On-Site: _____

☐ Shoulder Only — Approximate Total Days Traffic Control to be Setup/Crews On-Site: _____

☐ One-Lane Closure — Approximate Total Days Traffic Control to be Setup/Crews On-Site: _____

☐ Two-Lane Closure — Approximate Total Days Traffic Control to be Setup/Crews On-Site: _____

☐ Three-Lane Closure — Approximate Total Days Traffic Control to be Setup/Crews On-Site: _____

☐ Full Road Closure — Approximate Total Days Traffic Control to be Setup/Crews On-Site: _____

**Full Road Closures include Road Closures to Thru Traffic*

**Full Road Closures require a justification stating why the road closure is needed to complete work (i.e. location of the main lines, narrow road conditions, public/crew safety issues, etc.).*

Road Closure Justification:

_____

_____

_____

_____

Road Name: _____ Nearest Intersecting Road(s): _____

☐ Soft Surface Trench/Cut (Along Shoulder) _____Width _____Length _____Depth

☐ Hard Surface Trench/Cut (In Road) _____Width _____Length _____Depth

☐ Bore (Along Shoulder/Behind Curb) _____Diameter _____Length _____Depth

☐ Bore (Under Road) _____Diameter _____Length _____Depth

☐ Core/Soil Samples/Potholing (Along Shoulder/Behind Curb) _____Diameter _____Quantity

☐ Core/Soil Samples/Potholing (In Road) _____Diameter _____Quantity

FACILITY	NEW/ Quantity	REPAIR/ Quantity	REMOVE/ Quantity	REPLACE/ Quantity	ACCESS ONLY/ Quantity
Manholes					
Vaults					
Pedestals					
Cabinets					
Poles					
Hydrants					
Other:					

Aerial Lines

☐ New
☐ Repair
☐ Remove
☐ Replace

☐ Along Shoulder
☐ Road Crossing

_____ Length

_____ Height (Above Ground Surface)
**Minimum 19' Required Over County*

STRUCTURE TYPE	NEW	REPAIR	REMOVE	REPLACE	QUANTITY	LENGTH
Sidewalk Panel	☐	☐	☐	☐		
Curb	☐	☐	☐	☐		
Gutter	☐	☐	☐	☐		
Pedestrian Ramp	☐	☐	☐	☐		
Driveway Apron	☐	☐	☐	☐		
Cross Pan	☐	☐	☐	☐		
Culvert	☐	☐	☐	☐		

Traffic Management

Time Area will be Occupied/Closed (i.e. 9am-4pm): _____

Posted Speed Limit (Miles per Hour): _____

☐ Sidewalk Closure — Approximate Total Days Traffic Control to be Setup/Crews On-Site: _____
☐ Shoulder Only — Approximate Total Days Traffic Control to be Setup/Crews On-Site: _____
☐ One-Lane Closure — Approximate Total Days Traffic Control to be Setup/Crews On-Site: _____
☐ Two-Lane Closure — Approximate Total Days Traffic Control to be Setup/Crews On-Site: _____
☐ Three-Lane Closure — Approximate Total Days Traffic Control to be Setup/Crews On-Site: _____
☐ Full Road Closure — Approximate Total Days Traffic Control to be Setup/Crews On-Site: _____

**Full Road Closures include Road Closures to Thru Traffic*

**Full Road Closures require a justification stating why the road closure is needed to complete work (i.e. location of the main lines, narrow road conditions, public/crew safety issues, etc.).*

Road Closure Justification:

_____

_____

_____

_____

All completed applications should be emailed to rowpermit@elpasoco.com.

All applications are processed and permits are issued in accordance to the requirements and procedures found in the most current version of the El Paso County Engineering Criteria Manual (ECM). The most current version of the ECM may be obtained using the link below:

https://assets-publicworks.elpasoco.com/wp-content/uploads/Documents/EngineeringCriteriaManual.pdf

If a permit is issued to the applicant, it will state the terms and conditions. Any changes not consistent with the terms and conditions listed on the permit may be considered a violation of the permit. The ECM Administrator may suspend or revoke any Work in the Right-of-Way Permit, in writing, whenever the Work in the Right-of-Way Permit is issued in error or on the basis of incorrect information supplied by the applicant or whenever the permit may have been issued in violation of any provisions of these Standards. In the event a permit is suspended or revoked, no refund of permit fees shall be made unless the permit was issued by the ECM Administrator in error.