

CITY OF MIDDLETOWN

CITY OF MIDDLETOWN RIGHT OF WAY PERMIT APPLICATION

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Mayor: J. Byron Chapman

www.cityofmiddletownky.org

Contact: Marty Stansbury, Director of Operations

marty@cityofmiddletownky.org

502.245.2762



**PO. Box 43048
Louisville, KY 40253
502.245.2762**

**Director of Operations: Marty Stansbury
marty@cityofmiddletownky.org**

REQUIRED DOCUMENTATION:

- 1. COVER LETTER TO INCLUDE REFERENCES**
- 2. DISTRICT MAP OF NODE LOCATION (s)**
- 3. SAMPLE LETTER TO PROPERTY OWNERS**
- 4. SIGN OFF FROM HOMEOWNERS ASSOCIATION IF APPLICABLE**
- 5. LETTER TO COUNCIL MEMBER WITH COPY TO AL ANDREWS, METRO LOUISVILLE**
- 6. LOCATION SITE MAP**
- 7. EXAMPLE PHOTO OF EQUIPMENT CONFIGURATION**
- 8. CONSTRUCTION DRAWINGS**
- 9. THIRD PARTY RF STUDY**
- 10. COMMUNICATIONS APPLICATION**
- 11. COPY OF METRO LOUISVILLE LICENSE**
- 12. DIAGRAM OF ROAD LANE CLOSURE & SIGN OFF FROM MIDDLETOWN POLICE DEPARTMENT IF APPLICABLE**
- 13. CERTIFICATE OF INSURANCE**

CITY OF MIDDLETOWN FEE SCHEDULE FOR RIGHT OF WAY PERMITS & LICENSES

DESCRIPTION

FEES

Permit for work in the right of way where no vehicular or pedestrian traffic is impacted or requires control \$65.00 per week up to 300'
\$65.00 per week for each additional 300'

Permit for work in the right of way where it is necessary for the applicant to close a lane, sidewalk, entire street or any combination of these \$65.00 per week per item

Excavation fees will be assessed on a one-time basis per permit to cover any excavation within the right of way (street, dirt, sidewalk) \$200.00 one-time charge per permit

Dumpsters and pods that impact vehicular or pedestrian traffic are subject to the conditions of traffic control and applicable fees for a utility construction permit \$65.00 per week

License agreements are required for placement of any permanent structure of object in the right of way –license agreements are valid for ten (10) years \$270.00 per year

Bond—20% of project cost with a minimum of \$10,000 per permit. \$ _____

Total \$ _____

Make checks payable to: City of Middletown

Check received by: _____ Total received: _____ Date: _____

Note: Permit fees presented include one hour of inspection by the Middletown Operations Director for inspection prior to and at the completion of the work. In addition, Middletown may charge an inspection fee of \$50 per hour.

CITY OF MIDDLETOWN COMMUNICATIONS APPLICATION

Applicant Information

Applicant Name: _____
(complete legal name as registered with the KY Secretary of State)

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone: _____ Cell: _____ Fax: _____

Local Representative Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone: _____ Cell: _____ Fax: _____

Emergency Contact Information: _____

Description of Proposed System: _____

Description of all types of service proposed: _____

Applicant Organization: _____

Disclosure of Ownership of Facilities: _____

Technical Description of the Type of System proposed by the Applicant and the Applicants Plan for the In station of the System: _____

Engineering Statement: _____

Additional Requirements—Please submit the following if applicable:

1. Supplementary, additional or other information that the applicant deems reasonable for consideration.
2. Copy of the applicants certificate of authority from the Public Service Commission (“PSC”) or a signed statement that applicant is not lawfully required to have such certificate from PSC.
3. Copy of the applicant’s certificate of authority from the FCC or a signed statement that the applicant is not lawfully required to have such certificate from the FCC.
4. Copy of all required insurance policies and certificates with a signed statement from Middletown that such policies and certificates are acceptable to Middletown.
5. A certification signed by the applicant that the applicant agrees to be bound by all provisions of the Franchise (if applicable) and City of Middletown ordinances, agrees to obtain all application permits and authorizations prior to constructing, installing or operating a System the right of way.

City of Middletown hereby puts the applicant on notice of the following:

1. Applications may be modified at any time prior to the opening of the applications, provided that any modifications must be duly executed in the manner that the applicant’s application must be executed.
2. Middletown reserves the right to require such supplementary, additional or other information that it deems reasonable necessary for its determinations.
3. Middletown reserves the right to waive all formalities and/or technicalities where the best interest of Middletown may be served.

CERTIFICATION

Applicant hereby certifies that the information provided by the applicant is true and correct and that the person signing on behalf of the application is authorized to do so. Applicant further acknowledges and certifies that is shall be responsible to certify to Middletown any material changes to the information provided in the completed application during the term of any Franchise.

Complete Legal Name of Applicant: _____

By: _____

Printed Name: _____

Title: _____ Date: _____

Notice to Applicants

Information submitted on applications is a public record under the KY Open Records Act, Sections 61.870, et. Seq. of the KY Revised Statutes. Under the law, certain kinds of proprietary and trade information are exempt from disclosure. Should an applicant believe that any information required to be submitted involves confidential proprietary or trade information, the applicant should contact Middletown before the application is filed and request a determination as to whether the information is covered by the exemption. If no such request is made prior to the filing of the application, the applicant will be deemed to have waived any entitlement to confidentiality under the Open Records Act.

ENCROACHMENT PERMIT APPLICATION—CITY OF MIDDLETOWN, KY

Applicant

Contact Person: _____ Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Office Phone: _____ Cell Phone: _____ Fax: _____

Email: _____

Sub-Contractor (add additional pages if necessary)

Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Office Phone: _____ Cell Phone: _____ Fax: _____

Project Location

Address: _____ City: _____ Zip: _____

Location on Property: _____

Type of Encroachment –Check all that Apply	Encroachment Description:
Entrance/Curb Cut	
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial/Business	
Utility	
<input type="checkbox"/> New Overhead <input type="checkbox"/> New Underground	
<input type="checkbox"/> Repair/Maintenance	
Building/Grade Work	
<input type="checkbox"/> Fill <input type="checkbox"/> Landscape on ROW/Easement	
<input type="checkbox"/> Structure in ROW/Easement <input type="checkbox"/> Other: _____	
Pavement Cut	
<input type="checkbox"/> Street <input type="checkbox"/> Sidewalk	
<input type="checkbox"/> Driveway <input type="checkbox"/> Other: _____	
Proposed Start Date: _____	Proposed Completion Date: _____
Restoration Plan Attached <input type="checkbox"/>	Traffic Control Plan Attached <input type="checkbox"/>

Note: Work must start within four (4) weeks of issue of permit.

I/We hereby certify that all the information contained in this application is true & complete to the best of my knowledge and (I/We) will comply with the terms and conditions under which the encroachment permit hereby applied for is issued. Furthermore, (I, We) agree to fully indemnify and hold harmless the City and all of its employees, official and representatives from any claim, damage or injury to a person or property arising or alleged to arise from any work related to the approved encroachment or work thereof.

Applicant Signature: _____

Printed: _____ Date: _____

Property Owner Signature: _____

Printed: _____ Date: _____

Permit is granted to perform such work. A copy of the permit, the application and the specification shall be available at the jobsite at all times. A BOND IS REQUIRED FOR THIS PROJECT IN THE AMOUNT OF: _____.

Minimum Amount of Bond Required (Payable upon application) \$10,000 or 20% of project cost with a minimum of \$10,000

Permit Approved by: _____ Date: _____

Permit Expires on: _____

Final Inspection Approved by: _____ Date: _____

Bond Refund Date: _____

For office use only

Requires Inspection _____ Requires Bond/Insurance _____

Requires additional plans (traffic, control or restoration) _____

File Close Date: _____

City of Middletown

P.O. Box 43048

Louisville, KY 40253

502-245-2762 Office

502-245-6045 Fax

Paperwork must be mailed to City Hall or delivered to the office.

For questions regarding permit issuance or implementation email to: marty@cityofmiddletownky.org