

## **Road Opening Permit Application**

Martin County Public Works Department 2401 SE Monterey Road, Stuart, Florida 34996 Telephone: (772) 288-5927

Email: <a href="mailto:pwdpermits@martin.fl.us">pwdpermits@martin.fl.us</a>

Office Use Only: Permit #:

The application must be filled out in its entirety and accompanied by all requirements, or it will be deemed insufficient for review.

Applicant's Information		
Company Name:		
Applicant Name:		
Address:	City, State, Zip:	
Phone:	Email:	
Engineer's Information		
Firm Name:		
Engineer Name:	License #:	
Address:	City, State, Zip:	
Phone:	Email:	
Contractor's Information		
Company Name:		
Qualifier's Name:	License #:	
Address:	City, State, Zip:	
Phone:	Email:	
Property Information		
Property Location:		
Legal Description:		
Shown on Plat (name of subdivision or development):		
Detailed Description of Work		

Road Data	
Name of Road:	
Nearest Starting Side Street:	
Nearest Ending Side Street:	
Road Classification:   Local / Residential   Major Art	terial □ Major Collector □ Minor Arterial □ Minor Collector
Speed Limit:	Length of Road to be Open:
Proposed Maintenance: ☐ County OR ☐ Private	
Existing ROW Width:	Proposed ROW Width:
Pavement Type: ☐ Asphalt ☐ Unpaved ☐ Other:	Pavement Width:
Sidewalk Location: ☐ North ☐ South ☐ East ☐ W	Vest Sidewalk Width:
	s & State Codes and Laws. The Permittee acknowledges that lly bound by the terms and conditions of the application and this  Name of Contractor/Engineer (print)
Signature of Applicant	Signature of Contractor/Engineer
STATE OF FLORIDA, COUNTY OF	STATE OF FLORIDA, COUNTY OF
The foregoing instrument was acknowledged before me this, day of, 20, by	The foregoing instrument was acknowledged before me this day of, 20, by(Name of person acknowledging).
Personally known OR Produced Identification	Personally known OR Produced Identification
Type of Identification	Type of Identification
NOTARY PUBLIC	NOTARY PUBLIC
Signature	Signature
Print Name	Print Name
My Commission Expires:	My Commission Expires:
[SEAL]	[SEAL]

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