

Right-of-Way Use Permit Application

Martin County Public Works Department 2401 SE Monterey Road, Stuart, Florida 34996 Telephone: (772) 288-5927 Email: pwdpermits@martin.fl.us Office Use Only: Permit #:

The application must be filled out in its entirety and accompanied by all required documentation specified on the Right-of-Way Use Permit Submittal Checklist. If this permit is in conjunction with a development order, construction plans are not required.

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:	
Location Information		
Right-of-Way (Roadway) Name:		
Between:	and	
Will this work require lane or sidewalk closures?	If YES, length of proposed work (Feet):	
☐ YES ☐ NO		
Work requiring lane, sidewalk and road closures shall comply with Martin County policy on Notification of Public Displacement; a copy of which can be obtained from Martin County Public Works Department. No lane, sidewalk, or road closures will be permitted to begin on Monday or Friday. All work hours must be between 8:30 a.m. – 4:00 p.m., unless approved by the County Engineer.		
Detailed Maintenance of Traffic (MOT) Plan or FDOT Index Section: One set of plans depicting each type of closure (lane/sidewalk/road) is required. Only submit site-specific MOT upon request from reviewer.		
Anticipated Construction Schedule:		
Proposed Start Date:	Proposed End Date:	

Job Information	
Is this work associated with a Development Project? ☐ YES ☐ NO	If YES, provide the Development Project Number:
If not associated with an approved development projec application by providing a brief description below:	t, identify the type of work associated with this permit
Examples: Driveway connection, soil boring, proposing a tu	rn lane not associated with a development, etc.
Description of proposed work:	
Length of proposed work:	_
all installations are subject to removal or relocation at the exp Permittee acknowledges they or their duly authorized agents of the application and this information.	Policy regarding Notification of Public Displacement and that pense of the permittee as determined by the County. The
Name of Applicant (print)	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	The foregoing instrument was acknowledged before me
this, day of, 20,	this, day of, 20
by	by
(Name of person acknowledging).	(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:
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