

City of Newport News

Main: (757) 926-8611

Department of Engineering
2400 Washington Avenue
Newport News, Virginia 23607

Fax: (757) 926-7559

Fax: (757) 926-8300

Application for work within the City Right-of-Way, Chapter 38 City Code

Submittal Date _____

Anticipated Return Date _____

(Add 7 Days)

NOTE: An incomplete application submitted maybe delayed or rejected. For further questions or comments, please contact the Department of Engineering, Site and Subdivision Permits Office at (757) 926-8611.

COMPANY NAME _____

PHONE NUMBER _____

APPLICANT NAME _____

24 HR. EMERGENCY CONTACT _____

EMAIL _____

COMPANY ADDRESS _____

STATE _____

ZIP CODE _____

WORK ASSOCIATED WITH ADDRESS

WORK WITHIN AN INTERSECTION

(STREET ADDRESS)

(INTERSECTION)

PROVIDE A **DETAILED DESCRIPTION OF ALL WORK** BEING PROPOSED WITHIN THE CITY RIGHT-OF-WAY

ASSOCIATED WITH AN APPROVED SITE PLAN.

ASSOCIATED WITH A CITY AWARDED JOB.

NAME OF APPROVED PLAN

NAME OF CITY PROJECT

WORK LOCATION (A RESTORATION DEATAIL FOR WORK LOCATION MUST BE ATTACHED)

ROADWAY <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY	<input type="checkbox"/> PAVED SHOULDER	<input type="checkbox"/> SIDEWALK	<input type="checkbox"/> COMMERCIAL DRIVEWAY APRON
<input type="checkbox"/> RESIDENTIAL DRIVEWAY APRON <input type="checkbox"/> DEMOLITION	<input type="checkbox"/> GRASS SHOULDER	<input type="checkbox"/> OTHER (EXPLAIN) _____ _____	<input type="checkbox"/> OPEN CUTS BEING MADE HOW MANY: _____ SIZE(S): _____

PROPOSED START DATE OF CONSTRUCTION _____

DURATION OF CONSTRUCTION _____

EST. COMPLETION DATE _____

WORK HOUR RESTRICTIONS
(IF APPLICABLE)

VALUE OF WORK WITHIN THE RIGHT-OF-WAY
(ATTACH COST ESTIMATE TO INCLUDE QUANTITY AND UNIT PRICE)

PLEASE NOTE:

- LIABILITY INSURANCE MUST BE ATTACHED OR ON FILE WITH THE CITY ATTORNEY'S OFFICE.

- A RIGHT-OF-WAY PERMIT & PERFORMANCE BOND MUST BE ATTACHED OR ON FILE WITH THE CITY'S ENGINEERING DEPARTMENT.

BY SIGNING THIS APPLICATION, THE SIGNATORY ACKNOWLEDGES THAT HE/SHE IS AUTHORIZED TO SIGN FOR THE PERMITTEE, AGREES THAT THE PERMITTEE IS BOUND BY ALL TERMS AND CONDITIONS OF THIS PERMIT ISSUED AS A RESULT OF THIS APPLICATION AND ACKNOWLEDGES THAT HE/SHE HAS READ THE PERMIT LANGUAGE AND UNDERSTANDS THE NATURE AND EXTENT OF THE DUTIES AND RESPONSIBILITIES IMPOSED BY SAID PERMIT

PRINT NAME

AUTHORIZED SIGNATURE

DATE

*TO OBTAIN ANY ASSOCIATED RIGHT-OF-WAY FORMS/APPLICATIONS, PLEASE GO TO
www.nngov.com/engineering/resources/right-of-way-permit.*

**CITY OF NEWPORT NEWS DEPARTMENT OF ENGINEERING
RIGHT-OF-WAY SUBMITTAL – CHECK LIST**

This checklist is intended to aid an applicant in making a complete submittal of a Right-of-Way Permit request but does not preclude the applicant from reviewing and applying the requirements of *Streets and Sidewalks Chapter 38* of the City Code. The applicant shall sign indicating that all checklist items have been addressed and shall submit this Checklist with the Right-of-Way permit application, three (3) copies of the traffic control plan and any attachments.

A Temporary Traffic Control Plan (TCP) **must be submitted** with the permit application. A TCP shall be required for all work performed within the public right-of-way. Each TCP shall be developed consistent with the Virginia Work Area Protection Manual (VWAPM), the Manual on Uniform Traffic Control Devices (MUTCD) and the City of Newport News Supplement to the VWAPM. Information to be included on a TCP will vary depending upon the complexity of the project, the volume of traffic affected and the field conditions where the construction is being performed. The TCP must clearly identify the sequence of the construction operation(s), the work to be performed, and the traveled way (i.e., sidewalk, bike path and roadway) that will be utilized by all movements of vehicular and pedestrian traffic during each phase of construction.

In some cases, where field conditions match exactly, a standard typical from the current version of the VWAPM, the City of Newport News Supplement to the VWAPM and/or the MUTCD may be used as the official TCP. If not a custom TCP shall be provided that complies with the requirements of the VWAPM.

Exceptions: Residential Driveway Apron(s) off Secondary Streets with on street parking. See attached Typical Attachment "B" (Typical for Residential Driveway Apron's Access off Secondary Streets).

**CHECK LIST ITEMS
OVERALL RIGHT-OF-WAY APPLICATION**

<input type="checkbox"/> Permit application filled out completely with signature
Diagram/Sketch/Aerial of street(s) to include: <ul style="list-style-type: none"><input type="checkbox"/> Street(s) names<input type="checkbox"/> Nearest cross street(s) & Distance in feet from work zone<input type="checkbox"/> Posted speed limit<input type="checkbox"/> Show traffic sign(s) in area of work zone (i.e., Yield, Stop, HRT etc.)<input type="checkbox"/> North arrow<input type="checkbox"/> Identify the boundaries of the work zone<input type="checkbox"/> Identify street R/W line(s) & the Edge of Pavement in relation to the location of the proposed work.<input type="checkbox"/> Specify the lane(s) that will be affected by the work zone<input type="checkbox"/> Location, Dimensions & Distance(s) of Installation (beginning to end)<input type="checkbox"/> Identify all existing driveway aprons within the work zone. If applicable

Specific to Cable, Fiber, Conduit

(Identify on Diagram/Sketch/Aerial as applicable)

How is the utility being accessed

- Bore
- Trench
- Hand Dig

What maintenance is being done

- Conduit
- Fiber
- Aerial

Utility Pole(s)

- Installation (height)
- Removal
- (old pole shall be completely removed)
- Replacement (height)
- Other
(explain) _____

- Pedestal(s), Hand Hole(s), Control box(s).
Provide Dimensions

Identify location(s), dimensions & distance(s) of maintenance (beginning to end)

Identify proposed work: (one or multiple) Include a Description on application (as required) & Identify on Diagram/Sketch/Aerial as applicable:

- | | | |
|---|---|---|
| <input type="checkbox"/> Commercial Entrance(s) | <input type="checkbox"/> Residential Driveway Apron | <input type="checkbox"/> Sidewalk Curb & Gutter |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> H/C Ramps | <input type="checkbox"/> Install/ Repair |
| Roadway Improvements | <input type="checkbox"/> Construction Entrance | <input type="checkbox"/> Demolish/ Remove |
| <input type="checkbox"/> Turn Lane(s) | <input type="checkbox"/> Other (explain)
_____ | |
| <input type="checkbox"/> Street Light(s) | _____ | |
| <input type="checkbox"/> Signal(s) | _____ | |
| <input type="checkbox"/> Milling/Paving | | |
| <input type="checkbox"/> Widening of Roadway | | |
| <input type="checkbox"/> Pavement Markings | | |

Specific to

- | | | | |
|---|--------------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Sanitary Sewer | <input type="checkbox"/> Storm Sewer | <input type="checkbox"/> Water | <input type="checkbox"/> Natural Gas |
|---|--------------------------------------|--------------------------------|--------------------------------------|

Identify what is being done

- | | |
|--|--|
| <input type="checkbox"/> Installation | <input type="checkbox"/> Relocation |
| <input type="checkbox"/> Abandon | |
| <input type="checkbox"/> Meter (Install/ Remove), Size | <input type="checkbox"/> Other (explain) |

Identify Material, Length & Size

On the Diagram/Sketch/Aerial

- Indicate Proposed Work Times & Duration of work
- Indicate any travel way (road, sidewalk, bike trail etc.) open cut(s)
- Identify size of open cut(s) (minimum 2x2) (Provide a pavement restoration detail)

<input type="checkbox"/> Are trees or other City landscaping being removed? If so, what is the planned landscape restoration?
<input type="checkbox"/> Provide three (3) copies of the TCP & Diagram, Sketch or Aerial, with a completed application & checklist. If applicable, all elements as required by the Transportation Division. (See attached pamphlet for additional information.)
<input type="checkbox"/> Engineer's cost estimate for work within the City right-of-way (if work is substantial and exceeds the minimum requirement of \$5,000.)

<p>Bond</p> <ul style="list-style-type: none"> <input type="checkbox"/> On File with Engineering <input type="checkbox"/> Attached <input type="checkbox"/> Paper Bond <input type="checkbox"/> LOC (Letter of Credit) <input type="checkbox"/> Certified Check 	<p>Insurance</p> <ul style="list-style-type: none"> <input type="checkbox"/> On File with City <input type="checkbox"/> Attached <input type="checkbox"/> Is being Faxed over by Insurance
---	--

References:

- Newport News GIS: www.gis.nngov.com/gis/default.aspx
- MUTCD: www.mutcd.fhwa.dot.gov
- City Supplement to VWAPM
www.nngov.com/engineering/pdf/eng-trans/eng-transsupplement/view
- Virginia WAPM: www.virginiadot.org/business/resources/1-WEBwapmCOVER.pdf
- Advance Warning Sign Spacing: WAPM Page 6C-4
- Taper Length: VWAPM Page 6C-7
- Buffer Space: VWAPM Page 6C-5
- Channelizing Device Spacing: WAPM Page 6F-33

Attachments:

- General Notes Attachment "A"
- TCP Guidelines & Checklist Pamphlet

An incomplete application submitted may delay the review and approval of the permit request and/or traffic control plan. For further questions or comments, please contact the Department of Engineering, Site and Subdivision Permits Office at (757) 926-8611.

To the best of my knowledge and belief, all of the above items have been addressed accordingly.

Signature of Applicant

Date



City of Newport News

2400 Washington Avenue • Newport News, Virginia 23607

Office of the City Attorney

Phone (757) 926-8416 • Fax (757) 926-8549

City Attorney
STUART E. KATZ

Chief Deputy City Attorney
COLLINS L. OWENS, JR.

Deputy City Attorneys
DARLENE P. BRADBERRY
RICHARD D. CAPLAN
JOSEPH M. DuRANT
LYNN A. SUGG

Senior Assistant City Attorney
NICOLE M. MONTALTO

Assistant City Attorneys
PAMELA P. BATES
SHANNON M. MANNING
ROBERT E. PEALO

April 5, 2011

To Whom It May Concern:

Re: Insurance requirements for permits

Dear Sir or Madam:

In the wake of recent revisions to the Acord form, I have been receiving documentation from insurers that indicates that, since a statement regarding notice of cancellation is no longer included on the form, that the company cannot give any such assurance in the future. Many of the companies have indicated that they intend to strictly rely on the disclaimers in the form.

Please note that where a permit is issued, the City requires that it be added as an additional insured under the permittee's general liability policy. According to the terms of the current ACORD 25, an additional insured status must be evidenced by specific endorsements. A simple notation of these endorsements on the Acord form will not be accepted. Also, any additional insured endorsement will be rejected if it includes an exclusion of completed operations coverage, unless a separate endorsement for that coverage is attached.

Further the City will not accept proof of insurance that fails to provide for thirty (30) days notice of policy cancellation [ten (10) days for non-payment]. This assurance may be provided by one of the following three methods:

1. A note on company letterhead that the City will receive such notice. This may be on the letterhead of either the agent, the broker, or the insurance company, and not include a blanket disclaimer of liability upon failure to give such notice.
2. A separate endorsement specifying the notice as required, or
3. A copy of a policy provision regarding such notice.

In summary, the City will accept no proof of insurance that does not include in one of the forms indicated above an assurance that the City will receive thirty (30) days notice of cancellation [ten (10) days for non-payment]. Failure to provide the information could result in rejection of your insured's bid or offer to provide services to the City, or a rejection of the insured's request for City permits that require the City to be named as an additional insured.

Very Truly Yours,

/s/ Joseph M. DuRant

Joseph M. DuRant
Deputy City Attorney