



Town of Luray

45 East Main Street

P.O. Box 629

Luray, Virginia 22835

Right-of-Way Construction - Application for Permit

***Attach plans, specifications, and schematics. (24" x 36" preferred minimum to scale.)**

Applicant Name _____ Cell # _____

Company Name _____ Phone # _____

Mailing Address _____

Email Address _____

Description of project (checklist on reverse) _____

Total Project Cost \$ _____

Total Project Cost in the Right-of-Way \$ _____

Project Location (nearest 911 addresses) _____

Property is owned by _____

Type of construction: Aerial Open Trench Directional Bore Other

(describe) _____

Explosives NOT allowed

Construction will be: Permanent Temporary Planned project start date _____

Working in conjunction (permit or written easement) with the following utilities/construction contractors/
companies:

I hereby affirm that the information submitted in conjunction with this application is true, complete, and correct to the best of my knowledge. Discrepancies shall be the responsibility of the applicant.

Signature _____ Date _____

Right-of-Way Construction - Application Checklist

Construction

Demolition

Abandonment

Water Main/Line/Lateral/Service Connection

☐ Crossing Road
☐ Beside Road
☐ Valve Vault
☐ Meter Vault
☐ Hydrant
☐ Domestic Use
☐ Fire Suppression

Pipe Size _____
Pipe Depth _____
Install Width _____
Pipe Type _____

Sewer Main/Line/Lateral/Service Connection

☐ Crossing Road
☐ Beside Road
☐ Cleanout

Pipe Size _____
Pipe Depth _____
Install Width _____
Pipe Type _____

Storm Water Pipe/Outlet

☐ Crossing Road
☐ Beside Road
☐ Outlet/Outfall in Right-of-Way

Pipe Size _____
Pipe Depth _____
Install Width _____
Pipe Type _____

Telecommunications (Phone, Data, Fiber, Cable)

☐ Crossing Road
☐ Beside Road
☐ Terminal Box
☐ Pull Vault

Pipe Size _____
Pipe Depth _____
Install Width _____
Pipe Type _____

Electricity

☐ Crossing Road
☐ Beside Road
☐ Pedestal Vault/Station
☐ Pull Vault/Junction

Pipe Size _____
Pipe Depth _____
Install Width _____
Pipe Type _____

Other: _____

Project Detail Sheet

Project Name: _____

Submission Date: _____

Location of Work: _____

Cross Street: _____

Cross Street: _____

Description of Work

Estimated Start Date: _____

Estimated Completion Date: _____

Approximate Working Days: _____

Work to be preformed Arial: _____ Underground: _____ Installing Pole: _____

Main Line: _____ Service Line: _____

Miss Utility Contacted: YES ____ No ____ SVEC Job # _____

Tax Map # _____

Plans Attached:

Name of Applicant or Agent: _____ Title: _____

For Town Official to Fill Out		
Approved By:	Approved On	Disapproved w/comments
Title:		