

Town of
LAKE PARK



Department of
PUBLIC WORKS

**TOWN OF LAKE PARK
UTILITY MAINTENANCE IN
RIGHT OF WAY
NOTIFICATION OF PENDING WORK**

FOR OFFICE USE ONLY
Date Received:

UTILITY NAME: _____

ADDRESS: _____

PRIMARY CONTACT: _____

PHONE NO. _____ EMAIL: _____

PROJECT LOCATION: _____

DETAILED DESCRIPTION OF WORK: _____

START DATE: _____ EST. COMPLETION DATE: _____

SUBCONTRACTOR NAME: _____

ADDRESS: _____

PRIMARY CONTACT: _____

PHONE NO. _____ EMAIL: _____

650 Old Dixie Highway, Lake Park, Florida 33403 * (561) 881-3345 * Fax: (561) 881-3349

E-mail: publicworks@lakeparkflorida.gov

All projects and works on highways, roads and streets shall have a traffic control plan. All work shall be executed under the established plan and the Florida Department of Transportation approved procedures. Index No. 600 provides Department policy and standards. This index contains information specific to the Federal and State guidelines and standards for the preparation of traffic control plans and for the execution of traffic control in work zones, for construction and maintenance operations and utility work on highways, roads and streets on the State Highway System. The Town of Lake Park has adopted these requirements based on the minimum requirements provided in the Manual on Uniform Traffic Control Devices.

Notification is hereby made to perform maintenance work in the Town's right-of-way as indicated. I certify that no work or installation has commenced prior to the issuance of approval and that all work will be performed to meet the standards of the regulating agencies that govern this utility and the terms of the Town of Lake Park's Right-of-Way Permit Conditions.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all laws regulating utility construction and maintenance.

Signature of Utility Agent

Print Name: _____ **Title:** _____

STATE OF FLORIDA

COUNTY OF _____

Sworn to and subscribed before me this

_____ day of _____, 20_____, by

Name of person making statement

Signature of NOTARY PUBLIC – State of Florida; (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ **or Produced Identification** _____

Type of Identification Produced _____

MY COMMISSION EXPIRES:
