

INSTRUCTIONS FOR SUBMITTING A RIGHT-OF-WAY PERMIT APPLICATION

EFFECTIVE OCTOBER 1, 2023, A NON-REFUNDABLE APPLICATION FEE OF \$50 IS REQUIRED WHEN SUBMITTING RIGHT-OF-WAY PERMIT APPLICATIONS (As Per Resolution 51-08-23).

ALL COMPANIES WORKING IN THE TOWN OF LAKE PARK'S RIGHT-OF-WAYS MUST OBTAIN A RIGHT-OF-WAY PERMIT PRIOR TO COMMENCING WORK (Lake Park Town Code Section 72-31).

The application may be downloaded from the Town's website at: www.lakeparkflorida.gov/government/departments/public-works-department and in documents select Right-of-Way (ROW) Permit.

PLEASE READ CAREFULLY

STEP #1

1. Email the completed ROW Permit Application, work plans, and Maintenance of Traffic or FDOT Standard Plans, if applicable to publicworks@lakeparkflorida.gov.
2. Public Works will email you the ROW application permit number for you to submit the \$50 application fee. You will need the permit number to pay with the payment options in Step 2.

STEP #2

1. Submit the ROW Permit Application fee of \$50 to the Finance Department. Payment can be made in person, by calling 1-855-745-8440 and following the prompts or online at <https://client.pointandpay.net/web/lakeparkbpandbtrfl>.
2. Email proof of payment to the Public Works Department at publicworks@lakeparkflorida.gov to finalize the processing.

Please allow 1-2 business days for review of your application upon receipt of all documents and payment. Once approved, we will email a copy of the approved application and ROW permit conditions for your records.

If you have any questions, contact the Public Works Department at (561) 881-3345 or publicworks@lakeparkflorida.gov.

Note: Payments made online/by phone by credit/debit are subject to a 3% convenience fee, with a minimum fee of \$2.00. E-check fees are a flat fee of \$2. Payments made by credit card in person are subject to a 3.95% convenience fee, with a minimum fee of \$5.00. Payments made by check or cash in person have no processing fee.



**RIGHT-OF-WAY
PERMIT APPLICATION**

FOR OFFICE USE ONLY

Date Received:

Permit Number:

UTILITY NAME/RESIDENT NAME: _____

ADDRESS: _____

PRIMARY CONTACT: _____

PHONE NO. _____ **EMAIL:** _____

PROJECT LOCATION: _____

DETAILED DESCRIPTION OF WORK:

START DATE: _____ **EST. COMPLETION DATE:** _____

CONTRACTOR 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 (Lake Park Town Code Section 72-31).

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:
