



CITY HALL
106 DORMAN STREET
HARRINGTON, DE 19952

Where Delaware Comes Together

302-398-3530 PHONE
302-398-4477 FAX
HARRINGTON.DELAWARE.GOV

Department of Public Works

RIGHT-OF-WAY MAINTENANCE and/or CONSTRUCTION PERMIT

Permit Number _____ Approval Date _____

The City of Harrington Department of Public Works shall be contacted at least 24 hours in advance to the start of work. Please call 302.398.3530 or email : jlong@cityofharrington.com

Company issued to: _____

Company address: _____

Contact name: _____

Contact phone number(s): _____ Email: _____

Location of work: _____

Description of work to be performed: _____

Method of installation; (Open Cut/Trenchless): _____

Anticipated start date; _____ Project duration: _____

All work authorized by this permit shall be performed in accordance with current City of Harrington Ordinances, Standards and Practices, including any Federal, State or County requirements as applicable and shall be reviewed according to said documents. The holder of this permit shall indemnify and hold harmless the City of Harrington of and from all suits and damages arising from the work herein permitted within the right-of-way. The contractor shall be responsible for determining location of, and any damage to, existing utilities. Miss Utility of Delaware shall be called at least 72 hours prior to construction at 1.800.282. 8555. Proper safety signs and adequate barricades are to be placed prior to starting work as per the "Delaware Manual on Uniform Traffic Control Devices" (MUTCD) Part 6.

Work shall begin ten (10) days from the approval date of this permit, completed with as little delay as possible and performed with minimized disturbance to traffic and the general public. In no case shall a street or roadway be closed to traffic except by written permission from the City of Harrington on behalf of the City Manager. Roadway surface shall be replaced to the satisfaction of the City of Harrington.

The right to work under this permit expires thirty (30) days from the approval date of this permit.

Permittee Authorized Representative (Printed)

Permittee Authorized Representative (Signature)

Date

City of Harrington Representative (Printed)

City of Harrington Representative (Signature)

Date

EMAIL COMPLETED FORM TO jlong@cityofharrington.com OR FAX TO: 302.398.4477