



City of Stafford
Construction In Right-of-Way
Application/Permit

Owner of Improvements _____

Address of Owner _____

City _____ State _____ Zip _____

Owners Representative _____

Office Phone _____ Cell Phone _____ Fax _____

Contractor _____

Street Address _____

City _____ State _____ Zip _____

Person in Charge _____

Office Phone _____ Cell Phone _____

Liability Insurance _____

Policy Number _____

Nearest Address of Construction _____

Location of Construction _____

Reason for Construction _____

Date of Construction _____

Time of Construction _____

Traffic Control Plan Completed By: _____

Signature _____

Date _____

Approval Information by City:

Approved By: _____

Date of Approval: _____

**YELLOW COPY OF PERMIT MUST REMAIN ON SITE FOR INSPECTION
PURPOSES**

***Please call Public Works @281-261-3920 24 hrs. before work will begin.**