



TOWN OF SAHUARITA

Department of Public Works

375 W. Sahuarita Center Way, Sahuarita, AZ 85629

Ph: (520) 344-7114 Fax: (520) 844-4600

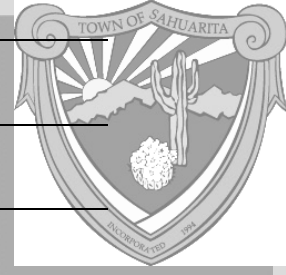
Right-of-Way Permit Checklist

Project Name: _____

Date: _____

Required Items	Checked	Reviewed
Complete Application		
1 set of <u>Approved</u> plans (if applicable) 1 (½ size sets) 1 (email pdf. digital file of Approved plan)		
Construction Cost Estimate/Contract (Documentation Required)		
Certificate of Liability Insurance (Minimum \$1,000,000 and the Town of Sahuarita shall be named as additional insured.)		
State and Town Business License		
Traffic Control Plan (if applicable)		
Blue Stake #		
Fees Received: <input type="checkbox"/> Yes <input type="checkbox"/> No Check #: Amount: \$		

For Internal Use Only:

File Prepared and Checked by: _____	
Reviewed by: _____	
Approved by: _____	

NOTES: