

**PUBLIC WORKS DEPARTMENT
DEVELOPEMENT SERVICES**

PERMIT NO. _____ DATE: _____, 20__

Permission is hereby requested to install the following activity within the public right-of-way of Bexar County:
(Circle Only One)

Driveway/Flatwork **Median Modifications/Auxiliary Lanes** **Misc:** _____

Other: _____

Address (Street, Road, or Lot/Block#): _____

Subdivision: _____ Ferguson Map #: _____ Grid #: _____

All activity authorized in Bexar County right-of-way shall be done in accordance with the regulations of Court and subject to the requirements set out in Bexar County's "Standard Specifications for Right-of-Way Permits."

POLICIES AND PROCEDURES

- Applicant must furnish, install and maintain at all times during construction appropriate warning signage and required traffic control devices in accordance with the Texas Manual on Uniform Traffic Control Devices (TMUTCD) in order to properly warn, guide, and control traffic. All required traffic control/warning devices must be installed prior to beginning the construction authorized by an issued permit.
- All underground utilities shall have a **MINIMUM 30 inches of cover.**
- For driveway inspections, inspectors have 48 hours from receipt of notification to do an inspection.
- Applicant must notify the Inspection Section at 210-335-6700 with permit number at least 24 hours before starting the activity. No inspection will be made without a permit.
- Permit expires six (6) months from the date of approval.
- Permit fee is non-refundable. No consideration will be made for duplicate permits.
- Any deviation from the above Policies and Procedures must be approved by Development Services before applying for a permit.
- Property owner shall be responsible for the maintenance of the driveway approach and sidewalks.
- All damaged pavement must be reconstructed to existing or better condition. Limits of reconstruction will be determined by the Development Services Engineer or Inspector.

Approved and permission granted:

_____ Bexar County Official

Permit Fee: _____

Inspection Date: _____

Inspected By: _____

_____ Applicant

_____ Address

_____ City State Zip

_____ Phone Email

_____ Receipt No.

REMARKS: THE CONTRACTOR, UTILITY COMPANY, OR OWNER WILL BE RESPONSIBLE FOR ALL COST ASSOCIATED WITH THE CORRECTION OF UNSATISFACTORY WORK IF THE WORK MUST BE CORRECTED BY BEXAR COUNTY.

COMMENTS: SEE ATTACHED SPECIFICATIONS; _____