## **APPLICATION**

Revised	October	2020

Permit Number

### **CONSTRUCTION IN PUBLIC RIGHT-OF-WAY (ROW)**

For line locate requests, please visit cityofkennedale.com/Locates

#### **Submittal Requirements**

Your application **will not be accepted** if any of the below items are missing or incomplete. Incomplete applications will be returned and any paid fees are nonrefundable. To check the status of a permit, please email permits@cityofkennedale.com and include the property address and permit type.

☐ Contractor registered with City of Kennedale to perform construction in public right-of-way per the

requirements of the Chapter 20 of the Kennedale City Code. At time of application, must include copy of driver's license, copy of state trade license (if applicable), and copies of the following insurance

	policies:
	<ul> <li>Worker's compensation insurance meeting applicable statutory requirements and employer's liability insurance with minimum limits of one hundred thousand dollars (\$100,000.00) for each accident.</li> </ul>
	<ul> <li>Comprehensive commercial general liability insurance with minimum limits of five million dollars (\$5,000,000.00) as the combined single limit for each occurrence of bodily injury, personal injury and property damage.</li> </ul>
	Automobile liability insurance covering all owned, hired, and nonowned vehicles in use by applicant, its employees and agents, with personal protection insurance and property protection insurance to comply with the provisions of state law with minimum limits of two million dollars (\$2,000,000.00) as the combined single limit for each occurrence for bodily injury and property damage.
	Aerial photo or map and labeling of exact location(s) of any construction, boring, and/or digging
	Traffic control plan
Requir	ements for Issuance and Final Inspection of Permit
	All contractors meet with a City of Kennedale representative and give a 48-hour notice before starting
	project
	At own expense, a video inspection of any and all sewer lines within the scope of applicant's work, as determined by the Director of Utilities or their designated authority. This inspection must comply with
	the following regulations:
	<ul> <li>At a minimum, 24-hour advance notice prior to video inspection shall be provided to the Director of</li> </ul>
	Utilities or their designated authority.
	<ul> <li>Sewer lines shall be video inspected no later than three (3) days after work completion or as determined by the Director of Utilities or their designated authority.</li> </ul>
	<ul> <li>A permanent copy of the video inspection shall be delivered to the Director of Utilities within 24 hours of completion.</li> </ul>
	Retain a competent utility contractor for making emergency repairs to damaged City-owned or City-
	maintained utilities and provide satisfactory documentation to that effect. If, during the course of
	work, a City-owned or City-maintained utility is damaged, the applicant must:
	o Immediately notify the Cities of Kennedale and Arlington upon becoming aware of the damage
	by calling 817-985-2170 and 817-459-5900.
	<ul> <li>Reimburse the City of Kennedale and City of Arlington for all employee overtime, equipment</li> </ul>
	use, required inspections, engineering fees, and any other expense related to the applicants' damage of City-owned and City-maintained utilities.
	Applicant shall comply with Section 20 of the Kennedale Code of Ordinances.

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Day(s)	Allowable Times for Construction		
Monday – Thursday	8:00 a.m. to 3:30 p.m.		
Fridays	8:00 a.m. to 1:00 p.m.		
Saturday – Sunday	NO boring or digging with machinery		

<b>Project Informa</b>	tion					
Property Addres	s:					
<b>Utility Company</b>	:	_ Utility Contact Name:				
Utility Contact P	Phone: Utility Contact Email:					
	Expecte	· · · · · · · · · · · · · · · · · · ·				
Scope of Work:						
						_
Contractor Info	rmation					
Contractor Nam	e:					
	pany:					
Contractor Phor	e: Contract	tor Email:				
Plans for construction be submitted to per	of this permit shall be cause for immediate revoca on in the right-of-way must be reviewed and appro mits@cityofkennedale.com. By submitting this ap plicant:	oved by the Director of Public Wo plication to the City of Kennedale	rks before v , you agree	vork to th	may begir ese terms	n. Applications must
	For Offi	ce Use Only				
	Comple	teness Check				
	Application form completely filled and	signed?	□Yes		No	
	Attached map/aerial photo?		□Yes		No	
	Attached traffic control plan?		□Yes		No	
	Contractor registered?		□Yes		No	
	Sign	Date				
Public Works Review						
	Comments:					
	Emailed Permits Clerk when project	is completed?	□Yes		No	



# **APPLICATION**

### **CONSTRUCTION IN ROW CONTRACTOR REGISTRATION**

### **Registration Requirements**

All contractor companies must register with the City of Kennedale annually to provide current documentation and contact information. For Construction in Public Right-of-Way permits, contractors must register annually and provide upto-date copies of several insurance policies as detailed in Chapter 20 of the Kennedale City Code. Check contractor registration status by emailing permits@cityofkennedale.com.

registra	ation sta	tus by emailing permits	@cityofkennedale.com.				
	Copy o	state license/ID					
	Master	Electrician/Plumber Lic	cense (if applicable)				
	Copies	of the following insurar	nce policies:				
		Worker's compensatio	on insurance meeting applica	ble statutory req	uiremen	ts and emplo	yer's liability
		insurance with minimum limits of one hundred thousand dollars (\$100,000.00) for each accident.					
		, , , , , , , , , , , , , , , , , , ,					
		(\$5,000,000.00) as the combined single limit for each occurrence of bodily injury, personal injury and					
		property damage.					
		0 · · · · · · · · · · · · · · · · · · ·					
			, with personal protection in				
		•	state law with minimum limi for each occurrence for bodil		-		o) as the
Contra	ctor Info	rmation	ioi eacii occurrence foi boun	y injury and prop	erty dan	iage.	
Addres	ss:						
Phone:	:		Email:				
Contra	ctor Agr	eement					
By signir	ng below, I	am verifying that all submitt	ted information is valid and correct				
Signatu	ire of Co	ntractor:				Date: _	
			For Office Use O	alsz			
			Completeness Che	•			
		Application form com	npletely filled and signed?	-	□Yes	□ No	
		Attached state ID and	d license (if applicable)?		□ Yes	□ No	
		Attached general liab	pility insurance?		□Yes	□ No	
		Attached worker's co	ompensation insurance?		□Yes	□ No	
		Attached vehicle insu	urance?		□Yes	□ No	
		Sign		Date			