



TOWN OF NARRAGANSETT
 Department of Public Works
 260 Westmoreland Street, Narragansett, RI 02882
 401.782.0687 Fax 401.782.0694

Tel 401.782.0687

Fax 401.782.0694

APPLICATION FOR RIGHT-OF-WAY CONSTRUCTION PERMIT

Date: _____

Contractor: _____

Owner/Agent Name & Title (Printed)

Address: _____

Signature

Narragansett R-O-W License # _____

Telephone#: _____

Emergency#: _____

LOCATION OF PROJECT/WORK TO BE PERFORMED

Street Location: _____

Plat: _____ Lot: _____ Or Between Pole# _____ & Pole# _____

Construction Location: _____

Purpose of Application: _____

Estimated Start Date: _____

Estimated Finish Date: _____

FOR TOWN USE ONLY

Eng Dept _____
 Initials

Date _____

Deposit Required Y / N

Age of Road _____

Road Materials _____

Deposit Amount _____

Length of Work _____

CRMC/DEM _____

Permit Fee \$25.00

Horizontal Cut _____

Vertical Cut _____

Other _____

Inspection Schedule Y / N

Special Instructions: _____

Email address to send permit to: _____