

CITY OF AUBURNDALE  
POST OFFICE BOX 186  
AUBURNDALE, FL 33823

APPLICATION FORM FOR THE PERMITTING OF THE ENCROACHMENT OF COMMUNICATIONS  
RELATED FACILITIES AND RELATED APPURTENANCES  
(type or legibly print all information furnished on application)

Permittee/ Agency \_\_\_\_\_ 24 Hour Emergency Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

By: \_\_\_\_\_ Date \_\_\_\_\_  
(authorized signature)

The endorsement above affirms that the proposed utility design and construction is in accordance with all City of Auburndale policies relating to permitting of roadway & drainage facilities and utility coordination procedures. The permittee agrees by acceptance of this permit and it's conditions to indemnify and hold harmless the City of Auburndale and all of it's employees and agents from any costs or damages arising from the activities permitted. The permittee is not vested with any permanent rights privileges in the rights of way by virtue of the issuance of this permit or the activities permitted herein.

**LOCATION INFORMATION:**

\_\_\_\_\_ (posted roadname, development, community, or geographic area) \_\_\_\_\_ (work order/project number)

\_\_\_\_\_ FEET OF AERIAL \_\_\_\_\_ CABLE OR \_\_\_\_\_ FIBER OPTIC; AND \_\_\_\_\_ STRAND OR \_\_\_\_\_ OVERLASH.

\_\_\_\_\_ TOTAL NUMBER OF PERMITTEE'S NEW POLES; \_\_\_\_\_ TOTAL NUMBER OF POLES REMOVED

\_\_\_\_\_ TOTAL FEET OF UNDERGROUND CONDUIT SYSTEM AND \_\_\_\_\_ CABLE, \_\_\_\_\_ FIBER OPTIC

\_\_\_\_\_ INSTALLATION OF GROUND TERMINAL/POWER SUPPLY/DISTRIBUTION EQUIPMENT/R/W ACCESS OR WORK AREA FOR DISTRIBUTION FACILITY. (FIELD REVIEW BY CITY OF AUBURNDALE REQUIRED PRIOR TO SUBMITTAL)

\_\_\_\_\_ TOTAL NUMBER OF PAVED & UN-PAVED ROAD CROSSINGS FOR FACILITIES:

PLACED BY: (check all that apply) \_\_\_\_\_ JACKING BORE; \_\_\_\_\_ DIRECTIONAL BORE; \_\_\_\_\_ PNEUMATIC BORE;

( ) OPEN-CUTTING OF PAVED ROADWAY (approval required prior to application submittal)

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Office: 863-965-5530 Fax: 863-965-5598 E-Mail: mmatison@auburndalefl.com

APPROVAL OF PERMIT FOR COA BY: \_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_ DATE OF APPROVAL: \_\_\_\_\_

**A COPY OF THIS APPROVED PERMIT AND ALL ATTACHMENTS MUST BE ON THE JOBSITE DURING ALL ACTIVITIES.**  
**ATTACHMENT "A" MUST BE SUBMITTED AS REQUIRED**

**PERMITTING APPLICATION FORMAT:**

Utility Permits are issued only to utilities facility owners/operators. Application forms used by consultants should be the current form designated for that type of utility. This format is designed for facsimile or internet transmittal between the issuing agency and the applicant/permittee. The single set submittal consists of Pages 1 & 2, Attachment B (for joint use designations), the vicinity map, the plan view and the cross-sections and is to be in letter size format (not folded) for the transmittal, review processing and filing required by this office.

**PERMITTING TYPE:**

\_\_\_ new encroachment or revision to existing permitted facilities.

\_\_\_ utility coordination for new development

\_\_\_ relocation or adjustment of facilities for \_\_\_ FDOT \_\_\_ POLK COUNTY, OR \_\_\_ MUNICIPAL project described

as: \_\_\_\_\_

\_\_\_\_\_  
(permittee review contact person, provide telephone & facsimile number)

CONSULTANT MAY CONTACT THIS OFFICE PRIOR TO DESIGN FOR THE SUBMITTAL FORMAT AND UTILITY CONTACTS. FIELD PREVIEWS BY THIS OFFICE FOR DESIGN PURPOSES CAN BE SCHEDULED BY THE APPLICANT/CONSULTANT AS NECESSARY.

**DESIGN & SUBMITTAL REQUIREMENTS:**

THE SUBMITTAL IS REQUIRED TO CONSIST OF THE (A) ONE (1) APPLICATION FORM, (B) A VICINITY MAP OF THE PROJECT AREA (NOTE: THE VICINITY MAP MAY BE FURNISHED FOR THE PLAN VIEW REQUIRED, WITH THE ROADNAMES PROVIDED IN ORDER TO DETERMINE THE BEGINNING AND END OF THE PROJECT). (C) A SEPARATE CROSS-SECTION FOR EACH ROADWAY PERMITTED DEPICTING THE ROAD DRIVING SURFACE TYPE (PAVED OR UNPAVED), TYPICAL DRAINAGE SECTION(S), R/W DIMENSIONS (EITHER DEDICATED OR MAINTAINED), DIMENSIONS OF EXISTING PERMITTED FACILITIES REFERENCED TO THE EDGES OF PAVEMENT, AND THE DIMENSIONED LOCATION(S) OF THE PROPOSED ENCROACHMENT(S) REFERENCED TO THE EDGES OF PAVEMENT. A SEPARATE CROSS-SECTION IS REQUIRED FOR EACH CHANGE IN ROADWAY, R/W OR PROPOSED FACILITY LOCATION. AN ADDITIONAL DETAIL OF ALL DRAINAGE FACILITY CROSSINGS DEPICTING AT LEAST 18 INCHES OF PROPOSED FACILITY CLEARANCE BELOW THE INVERTS IS REQUIRED.

**COORDINATION REQUIREMENTS:** The locations of all existing permitted users of the rights of way will be determined by either verbal or electronic contact with an authorized representative of that utility and the nature and scope of proposed construction reviewed for conflicts or adjustments that may be required at the applicant's expense prior to the submittal to this office for review and processing. The name of the utility, the person contacted for response, the date of contact and any applicable reference number will be furnished below. FLORIDA STATUTE/CITY POLICY requires that gas, petroleum, ammonia and long lines fiber optic communication facilities furnish a certification reference number for the contact required with those utilities and that number be provided below. This contact must be within 30 days of the application submittal.

If a utility contacted does not have facilities in the area of proposed construction, do not show them on the cross-section and note the contact information as "N/A". Retain letters for your files.

Utility	Contact Name	Date of Contact	ID#	Notes

\_\_\_ ATTACHMENT "B"; RELOCATION OF JOINT USERS SCHEDULE ATTACHED.