



# CITY OF LAREDO

## Building Development Services Department Right of Way Registration Application

Date \_\_\_\_\_

**A. Business Name:** \_\_\_\_\_ **Owner Name:** \_\_\_\_\_  
**Business Address:** \_\_\_\_\_ **Owner Home Address:** \_\_\_\_\_  
**City, State & Zip:** \_\_\_\_\_ **Owner City, State & Zip:** \_\_\_\_\_  
**Business Telephone:** \_\_\_\_\_ **Owner Telephone:** \_\_\_\_\_  
**Business Fax:** \_\_\_\_\_ **Business Email:** \_\_\_\_\_

**B. Business Type:**

Electric       Gas       Drainage       Cable       Sewer       Water  
 Environmental       Irrigation       Paving       Certified Telecommunications Provider  
 Other: \_\_\_\_\_  PW/Division: \_\_\_\_\_

**C. Officer, Agent or Employee authorized to apply for permits (Applicable if out of Town/State)**

**Name:** \_\_\_\_\_ **Company Address:** \_\_\_\_\_  
**Company Telephone:** \_\_\_\_\_ **Second Telephone:** \_\_\_\_\_  
**Fax Number:** \_\_\_\_\_ **Company Email:** \_\_\_\_\_  
**Emergency Name:(After hours)** \_\_\_\_\_ **Emergency Number:** \_\_\_\_\_

**D. Safety Certification on TMUTCD by:**       Private(*Company Name Required*)      or       \*Self(*Name & Title Required*)

**Private Company Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**\*Self Certification**  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Attach List of Employees who have successfully completed TMUTCD safety training.

**E. Certificate of Liability Insurance Company:** \_\_\_\_\_

**\*General Aggregate Coverage: \$** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_  
**\*Excess/Umbrella Coverage: \$** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**\*City Of Laredo As The Certificate Holder**

**Surety Bond (min.\$10,000) \$** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_  
**Workers' Compensation Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Self Insured Yes** \_\_\_\_\_ **No** \_\_\_\_\_

I CERTIFY THAT ALL INFORMATION IS TRUE AND CORRECT AND ANY MISREPRESENTATION OF FACTS WOULD RESULT IN TERMINATION OF APPLICATION.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

# Memorandum

**To:** ALL RIGHT OF WAY CONTRACTORS  
**From:** Erasmo A. Villarreal, Building Development Service Director  
**Date:** 4/29/2009  
**Re:** REGISTRATION

The city council adopted ordinance number 2009-0-045 on April 6, 2009 entitled Public Right of Way Management. Effective May 18, 2009 all right of way contractors will be required to file a yearly application in order to register with the Building Development Service Department, there will be a fee of \$50.00 for registration and the permit fee will increase from \$25.00 to \$50.00.

The information for registration includes the following:

- **Identity and legal status of ROW User and names under which it will own and operate of any Facilities on the Right of Way.**
- **Name, address, telephone number, fax number and e-mail address of officer, agent or employee responsible for the accuracy of the registration information.**
- **Name, address, telephone number, fax number and e-mail address of the local representative of the ROW User who shall be available at all times to act on behalf of the ROW User in the event of an emergency.**
- **If applicable, certification number issued by Public Utilities Commission of Texas (PUCT).**
- **General Description of Services to be provided.**
- **Insurance and bonding information.**
- **Employee Safety Certification Information.**
- **ROW users shall provide all such other information as may reasonably required by the City to complete the registration statement.**

**REQUIREMENTS:**

**\*\*LIABILITY INSURANCE**  
**\*\*WORKMANS COMP.**  
**\*\*BOND OF \$10,000**  
**\*\*TRAFFIC CONTROL CERTIFICATE**  
**\*\*\$50.00 REGISTRATION FEE**