



# TOWN OF LEEDS

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**APPLICATION FEE: \$300.00  
NON-REFUNDABLE**

Completion Guarantee Deposit

Encroachment Bond

DATE: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

## APPLICATION FOR RIGHT OF WAY ENCROACHMENT PERMIT

*Work cannot begin until permit is granted*

Date: \_\_\_\_\_

Application is hereby made by: \_\_\_\_\_

Address: \_\_\_\_\_

For permission to do the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Address/Location: \_\_\_\_\_

Attach two copies of the plan for the encroachment work. If possible, new underground utility installation crossing a paved road should be placed by boring. In any case, show the extent to which the Town Right-of-Way will be disturbed by placing poles or underground lines. Include length, width and depth of trenches for underground lines; or vertical clearance and voltage of overhead lines.

Construction to begin on or about: \_\_\_\_\_ and will be completed on or before: \_\_\_\_\_.

An application fee of \$300.00 will be assessed to all work to defray costs of processing the application & inspecting any remedial work done.

A completion guarantee deposit fee of:

Pavement Surface (including chip/seal).....\$4,000.00 up to 70 sq.ft..... \_\_\_\_\_ sq.ft. = \$ \_\_\_\_\_

Pavement Surface (including chip/seal).....\$60.00 per sq.ft. over 70 sq.ft..... \_\_\_\_\_ sq.ft. X \$60 = \$ \_\_\_\_\_

Gravel Surface.....\$8.00 per sq.ft..... \_\_\_\_\_ sq.ft. X \$8 = \$ \_\_\_\_\_

Unimproved Surface.....\$4.00 per sq.ft..... \_\_\_\_\_ sq.ft. X \$4 = \$ \_\_\_\_\_

**TOTAL = \$ \_\_\_\_\_**

**Total** \_\_\_\_\_, has been posted with the Town Clerk on: \_\_\_\_\_.

The portion not required to complete the work will be returned on final inspection by the Town Engineer. If this permit is granted, the applicant agrees to abide by all of the restrictions and regulations contained in the Leeds Right-of-Way Encroachment Ordinance. In addition, safe vehicle and pedestrian traffic conditions must be maintained, including following the guidelines of Part IV of the Manual on Uniform Traffic Control Devices (MUTCD).

\_\_\_\_\_  
NAME OF APPLICANT – OWNER OR CONTRACTOR

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE