



**DEPARTMENT OF TRANSPORTATION**  
**Right-of-Way Use Permit Application**  
 Phone (719)687-8812 Fax (719)686-5454  
 P.O. Box 805, Divide, CO 80814

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

**All blanks must be filled in:**

**PERMIT NO.** \_\_\_\_\_ **DATE ISSUED:** \_\_\_\_\_ **FEE:** \$ \_\_\_\_\_

**Final Inspection Date :** \_\_\_\_\_ **Cash** **Check** **Charge**  
 (please circle)

**Applicant hereby requests that it be granted a permit to make a cut into the Teller County Right-of-Way describes as follows:**

Please circle (one) indicating the appropriate type of Road Cut Permit you are applying for:

- Water Service      Sewer Service      Gas Service      Main (Extension or New)
- Telephone      Cable TV      Electric      Other \_\_\_\_\_

Physical Address of cut in the County Right-of-Way will be: \_\_\_\_\_

Subdivision: \_\_\_\_\_

The cut in the County Right-of-Way will be: Width: \_\_\_\_\_ Length: \_\_\_\_\_

The proposed Starting Date is: \_\_\_\_\_ Completion Date: \_\_\_\_\_

**Applicant**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone No: \_\_\_\_\_  
 Work Order No: \_\_\_\_\_

**Contractor**

Name: \_\_\_\_\_  
 License No: \_\_\_\_\_  
 Phone No: \_\_\_\_\_  
 Authorized Agent: \_\_\_\_\_  
 Agents Address: \_\_\_\_\_  
 Agents Phone No: \_\_\_\_\_

**Requirements:**

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

**TELLER COUNTY, COLORADO**

By: \_\_\_\_\_

In accepting this Permit application, the undersigned verified that they have read and understand all of the Teller County Department of Transportation regulations for Road Cut applications and permits.

**PERMITTEE:** Print Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

On the back of this application please provide a drawing of the road cut to be made. The drawing must show the position of the lines to be installed or constructed. Specify the name of the actual physical address of the Road Cut to be made. Also, indicate north on your drawing.