



Sacramento Regional Transit District
 P.O. Box 2110
 Sacramento, CA 95812-2110

APPLICATION FOR PERMIT

Permit Number: _____

APPLICANT: _____ Date: _____

ADDRESS: _____

_____ Phone: (____) _____

Person familiar with details of application: Name: _____ Phone: (____) _____

APPLICATION IS HEREBY MADE FOR THE PERMIT TO PERFORM THE FOLLOWING:

1. Applicant's work order or job number: _____

2. Location of work: Name of Road _____ Between _____

3. Describe completely work to be done: _____

4. Submit Plans to Scale (3 copies) showing plan view and cross-section, indicating clearly location of work with respect to centerline of track, face of curb, edge of pavement or property line. Show clearance and type and size of facilities proposed.

5. Estimated state date: _____ Completion date: _____

6. Applicant's Inspector, Contractor, Foreman or Supervisor as appropriate:

Name: _____ Company: _____ Phone: (____) _____

Note: General Conditions on reverse side and "Special Provisions" below are a part of this Permit. By starting work applicant accepts all General Conditions and Special Provisions. Call RT Metro Wayside Maintenance Superintendent (556-0461) 24 hours prior to starting work to notify RT and request inspection.

Company: _____

Title: _____

Signed: _____ Date: _____

REVIEW (RT USE ONLY)

Engineering Services Division

Wayside Maintenance
 Safety OTS Training

Permit Expires: _____ Permit Fee: \$ _____

JPA Fee: \$ _____

SPECIAL PROVISIONS (RT USE ONLY)

Approved By: _____ Date: _____