



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 revers 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 (648-8422) 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: \_\_\_\_\_