## Town of Castle Rock Public Works Department

Phone 720-733-2462 Fax 303-660-1025

## **AUTHORIZATION FOR HAUL ROUTE**

| Submit To:   | Public Works Department 4175 N. Castleton Ct.   |   | Related Permit #<br>Related Permit #   |  |
|--|---|---|--|--|
|  | Castle Rock, CO 80104   |   | Related Permit #   |  |
| APPLICANT:_  |   |   |  |  |
|  |   |   | PHONE:   |  |
| City/State/Zip:  | Zip:  |   | FAX:   |  |
| 24-HOUR CON  | NTACT PERSON:   |   |  |  |
| Phone:   | Mob   | oile:   | Email:   |  |
|  | I IS HEREBY MADE FOR ttach haul route):   |   | S FOLLOWS:   |  |
| DATE(S) OF HAUL : # C  |   | # OF  | F HAUL TRUCKS:   |  |
|  | ORT:  | QUANTITY: _   |  |  |
| TRAFFIC CON<br>REQUIRED  | TROL<br>Yes   |   | street/lane closure application and traffic control plan(s)  |  |
| <ul> <li>Applicant reque</li> <li>Applicant is res</li> <li>Haul route mus</li> <li>Applicant is res (MUTCD) if nee</li> <li>Applicant shall of the applicant and/or damage</li> <li>Applicant shall</li> </ul> | ded in conjunction with the haul reprotect existing utilities, storm draws hauling activities, omissions or notifies and holds harmless the Toto property.  provide daily street sweeping and comply with all requirements of all route is subject to reroutes or a sidentified by the Town of Cast | r of privately owned streets of tors with minimal residential in a safety that meets the standaroute. Traffic control plans murains and structures from dam negligence, including any dam own of Castle Rock and its off d street cleaning equipment are the Grading, Erosion and Se suspension due to conflicts with the Rock. | f the hauling operations. mpact. ards set forth in the Manual on Uniform Traffic Control Devices ust be submitted 7 days prior to hauling operations. hage and shall be responsible for any repairs required as a result nged to streets during hauling. ficers, agents and employees from all liability, loss, cost and and personnel necessary to keep streets clean during hauling operations. dediment Control (GESC) Manual. with ongoing construction operations or failure to comply with haul rout hispector permission) 8am to 5pm. |  |
| Applicant's Sig  | nature  |   | Date of Application  |  |
| FOR OFFICE   | USE ONLY:   | ☐ Approved  | ☐ Denied   |  |
| Special Requir   | ements/Comments:  |   | _  |  |
|  |   |   |  |  |

Forms/Haul Route 04/08/15

Date

Public Works Director or Designee

**Assigned Inspector**