ITD 2110, Rev. 3-2023

Right-of-Way Encroachment Application for Utilities

This form initially serves as an ***application*** for an approach. If approved by ITD, the completed form becomes a ***permit***.

ITD Use Only
Permit # _____

Note: Carefully review your application and *submit all required documents*. Incomplete applications will delay processing.

Applicant Information (Printed in blue or black ink or Typed) is to be completed by either the property owner(s) applying for a permit to encroach within the state highway rights-of-way, or an agency/ authorized representative of the property owner(s). The application may be approved, approved with conditions, or denied based on IDAPA 39.03.42 Rules Governing Highway Right-of-Way Encroachments on State Highway Rights-of-Way, and ITD Policies and Procedures. Applications submitted with all necessary documents are typically processed within 30 days. ****indicates it may not apply to all projects and can be left blank.***

Applicant Contact

Authorized Representative (Print)	**E-Mail Address of Authorized representative**	**Phone Number**		
Company Name	**Mailing Address**	**City**	**State**	**Zip**

Permit Type

☐ New Installation ☐ Upgrade ☐ Relocation ☐ Repair ☐ Other (explain):_____

☐ Gas ☐ Water ☐ Cable ☐ Telephone ☐ Electric ☐ Sewer ☐ Fiber Optic ☐ Other (explain):_____

☐ **Both Overhead & Underground**

☐ **Overhead Only** ☐ **Underground Only**

Vertical Clearance (Feet)	**Angle of Crossing** (Degrees)	**Depth** (Inch)	**Pipe Size** (Inch)

Installation Method: Except as authorized, all underground crossings of state or other public roadways and private approaches to them shall be installed by trenchless methods.
☐ Jack ☐ Bore ☐ Pavement Cut ☐ Trench ☐ Casing ☐ Plow
☐ Other (explain):_____

Pressure (PSI)*	***Potential (V, KV)****	***Structure Attachment Type (Requires Bridge Approval)****

Location

Highway	**Beginning Milepost (e.g. 10.12)**	**Ending Milepost (e.g. 10.25)**	**County(s)**

Elevation*	**Latitude***	**Longitude***	**Section, Township, Range**

Applicants must contact ITD for roadway alignment or highway project plans to determine ROW boundaries	**Distance from Center of Road (Feet)**	**Right-of-Way Line (Feet)**	**Edge of Pavement (white line) (Feet)**	**Right-of-Way Width (Feet)**

Submitted Documents

☐ **Traffic Control Plan** drawn and signed by a certified Traffic Control Supervisor, including certification number.

☐ **Plans or civil drawings showing proposed work including**:

- Installation location with offsets from the centerline of the highway
- Location of all existing utilities within the work area with offsets from the centerline of the highway
- A vicinity sketch with north arrow, Section, Township, Range
- Standard Drawings if proposing to attach a facility to any structure (s) within the right of way
- Type of back fill to be used - is topsoil to be salvaged and replaced
- When the work area will be re-seeded according to ITD specifications
- Cross section of any highway crossing bore pits and length of conduit; Trench details (24-inch minimum width).
- Depth - must be a minimum 60" below ditch line, fiber must be marked with tape 1-foot above installed line
- Where construction materials will be stored on job
- Ballast, Shoulder, and Drainage detail
- Distance from right of way lines and edge of pavement If utility poles are being involved, are they new or existing.
- Location of poles in regard to edge of pavement

☐ **Payment receipt** for the nonrefundable application fee payment confirmation $50 unless otherwise specified by fee chart.

Contacts

Traffic Control Contractor (Required)	**Phone Number**	**E-Mail Address**

Construction Contractor*	**Phone Number***	**E-Mail Address***

Permittees must contact ITD requesting to begin work on a specific start date a minimum of five (5) working days in advance and receive permission to proceed. See General Provisions for detailed requirements.	**Planned Start Date**	**Project Duration**

Acceptance and Approval to Work: If the permit application is denied, the permittee will be notified of the reason(s) for the denial and the process for appealing by certified mail. The permittee must adhere to the **General and Supplemental Requirements** and any additional provisions specified by ITD in the permit approval letter. If permittee does not agree with all conditions in the approval, they may send a written notice to ITD to cancel.

***By signing this permit**, the permit holder or authorized representative certify that they have been made aware of and agree with all requirements of the permit, including any and all restrictions and further agree to indemnify, save harmless, and defend regardless of outcome ITD from the expenses of and against all suits or claims, including costs, expenses, and attorney fees that may be incurred by reason of any act or omission, neglect, or misconduct of the permittee or its contractor in the design, construction, and maintenance of the work, which is the subject of this permit.*

Authorized Representative's Signature	**Company Name** (If applicable)	**Date**
X		

Subject to all terms, conditions, and provisions of this permit, with attachments & addendums, permission is granted to work in the State Highway right of way.

Idaho Transportation Department Authorized Representative's Signature	**Title**	**Date**
X		

The permit will be considered Temporary until final inspection and approval by an ITD representative.