



RIGHT-OF-WAY PERMIT APPLICATION

(Applicable for Excavation, Blockage or Occupancy of City Right-of-Way)



RIGHT-OF-WAY MANAGEMENT

The Right of Way (ROW) Management Division within Traffic Operations manages the activities in the City's right-of-way. ROW includes streets, alleys, sidewalks, easements and all areas between the pavement and property line. The ROW may vary depending on location so before commencing any activity, above or below the ground, in the City's Right-of-Way (ROW) a ROW user is required to consult with the ROW Management Division.

CORE FUNCTIONS:

- Issuing Permits and Licenses to Operate in the ROW
- Providing Traffic Control Planning, Review, and Inspection for the ROW
- ROW Code Violations (Includes issuance of Non-Compliance fees)

Please note: The [City of Corpus Christi Parks Department](#) manages all activities related to special events, such as music festivals, parades, and marathon and [Development Services | City of Corpus Christi](#) is responsible for all planning, building services and building permits.

STEPS TO OBTAIN A PERMIT:

1. Determine if activity falls within the City of Corpus Right-of-Way [Corpus Christi Viewer](#) (Right of Way Layer) or email ROWManagement@cctexas.com.
2. Submit the completed Right of Way application and applicable documentation to ROWManagement@cctexas.com. A permit for emergency construction activity must be completed 24 hours after the initiation of the work.
*****Right of Way Portal Coming Soon*****
3. Pay fees in person at City Hall or using Right of Way Management Division's online payment portal [Payments - City of Corpus Christi, TX.](#)

RIGHT-OF-WAY PERMIT CHECKLIST

- Certificate of Liability Insurance (Refer to Exhibit B – For Full Insurance Requirements)
 - Commercial General Liability
 - Automobile Liability
 - Worker's Compensation
 - 30-Day Written Notice of Cancellation
 - "City of Corpus Christi" as Additional Insured
 - Waiver of Subrogation
- ____ Indemnity Agreement (Sign Acknowledgement)
- ____ Traffic Control Plan (Prepared by a Professional Engineer Licensed in Texas) *
*Proof of Certification Required if Prepared by Individual Other than Licensed Professional Engineer
- ____ City of Corpus Christi Building Permit Number (Applicable for Construction Activity Related to Private Development)

RELATED LINKS

- [Streets & Sidewalks - Mini TOC: Chapter 49 - STREETS AND SIDEWALKS | Code of Ordinances | Corpus Christi, TX | Municode Library](#)
- [Street Cuts - ARTICLE III. - CUTS AND EXCAVATIONS | Code of Ordinances | Corpus Christi, TX | Municode library](#)
- [Infrastructure Design Manual - idm-engineering-final.pdf](#)
- [Texas Manual on Uniform Traffic Control Devices - https://www.txdot.gov/business/resources/traffic-design-standards/tmutcd.html](#)



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DATE OF APPLICATION: _____ PERMIT/INVOICE _____ (Internal Use Only)

FACILITY OWNER/APPLICANT INFORMATION

FACILITY OWNER/Applicant: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT NAME: _____

CONTACT PHONE: _____ 24-HOUR EMERGENCY PHONE: _____

EMAIL: _____

DESCRIPTION OF REQUEST

REQUESTED START DATE: _____ REQUESTED END DATE: _____

ADDRESS/LOCATION OF CONSTRUCTION (*One Street Per Permit*):

WORK TO BE PERFORMED: ☐ MAINTENANCE/REPAIR ☐ NEW INSTALLATION

EMERGENCY WORK: ☐ NO ☐ YES IF YES, TIME AND DATE OF EMERGENCY: _____

PROJECT DESCRIPTION/PURPOSE: _____

MACHINERY TO BE USED: _____

ACTIVITY TYPE (Check All That Apply):

☐ GAS ☐ SANITARY ☐ STORM ☐ WATER

☐ SIDEWALK OTHER: _____

TYPE OF CONSTRUCTION (Check All That Apply):

BELOW GROUND

☐ DRILLING ☐ MANHOLE ACCESS ☐ PIPE BURSTING ☐ PULLING CABLE/CONDUIT

☐ TRENCHING ☐ BORE (STREET/ALLEY)

☐ CUT (STREET/ALLEY), PROVIDE DIMENSIONS W: _____ (FT) L: _____ (FT)

☐ OTHER: _____



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The following information is required for any work that will require closing or placing traffic control devices (e.g. signs, barricades, etc.) within any portion of City Right-of-Way.

BARRICADE CONTRACTOR INFORMATION	
BARRICADE CONTRACTOR: _____	
ADDRESS: _____	
CITY: _____	STATE: _____ ZIP CODE: _____
CONTACT NAME: _____	
CONTACT PHONE: _____	24-HOUR EMERGENCY PHONE: _____
EMAIL: _____	
DESCRIPTION OF REQUEST	
REQUESTED TEMPORARY ROW CLOSURES (Check All That Apply):	
<input type="checkbox"/> Travel (Thru) Lane <input type="checkbox"/> Left Turn Lane <input type="checkbox"/> Right Turn Lane <input type="checkbox"/> Bike/ Shoulder Lane <input type="checkbox"/> Sidewalk	
<input type="checkbox"/> Metered Lane (Notification to Parking Control Required for Covered/Removed Meters)	
<input type="checkbox"/> Work Outside of Sidewalk/Street (Advanced Warning Signage Still Required)	
STREET AFFECTED: _____	
CROSS STREET (1): _____ to CROSS STREET (2): _____	
PURPOSE OF WORK ZONE: _____	

BLOCKAGE AREA INFORMATION (Provide Square Footage for Fee Calculation):	
_____ Metered Lane(SF)	_____ Travel Lane/Alley(SF) _____ Loading Zone(SF) _____ Sidewalk(SF)
START DATE: _____	START TIME: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
END DATE: _____	END TIME: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
CONSTRUCTION DUMPSTER REQUIRED: <input type="checkbox"/> NO <input type="checkbox"/> YES (Show Placement on Traffic Control Plan)	
TRAFFIC SIGNAL WITHIN 500-FT OF WORK ZONE/BLOCKAGE AREA? <input type="checkbox"/> NO <input type="checkbox"/> YES	
DOES WORK REQUIRE TRAFFIC SIGNALS TO GO DARK/FLASH? <input type="checkbox"/> NO <input type="checkbox"/> YES (Police Presence Required)	
ACTIVITY TYPE	
REQUESTED WORK TYPE:	
<input type="checkbox"/> Long-Term Stationary <input type="checkbox"/> Intermediate-Term Stationary <input type="checkbox"/> Short-Term Stationary	
<input type="checkbox"/> Short Duration <input type="checkbox"/> Mobile	
DAILY SETUP REQUIRED: <input type="checkbox"/> NO <input type="checkbox"/> YES	NIGHT WORK: <input type="checkbox"/> NO <input type="checkbox"/> YES
NOTES:	
<i>Long -Term Stationary</i> – Work Blocking the Location More Than Three (3) Days	
<i>Intermediate -Term Stationary</i> – Work Blocking the Location More Than One (1) Daylight Period and Up to Three (3) Days	
<i>Short -Term Stationary</i> – Work Blocking the Location More Than One (1) Hour in a Daylight Period	
<i>Short Duration</i> – Work Blocking the Location Up to One (1) Hour	
<i>Mobile</i> – Work That Moves Blocking the Location Intermittently or Continuously	
**Police Required for Work Affecting Traffic Signal Operations	



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ROW BLOCKAGE ACKNOWLEDGEMENT

WHEREAS, the City requires a contractor for a permit to close or block any part of a roadway to file a statement with indemnifying in the City against all claims or causes of action by reason of or arising from the closing or blocking of the roadway pursuant to a permit issued by the City.

Now, therefore, in consideration for the issuance of a permit to the undersigned by the City of Corpus Christi, for the purpose of barricading, blocking or closing a street, alley or other public right-of-way in said City, said permit applicant agrees to indemnify and safe harmless and defended the City of Corpus Christi, its agents and employees from any and all claims, lawsuits, demands, liabilities, losses or expenses, including court costs and reasonable attorney's fees, for or on account of any injury to any person, or any death at any time resulting from such injury, or any damages to any property which arise or may be alleged to have arisen directly or indirectly, as a result of the granting of this permit.

The Contractor, during the term of operations specified in the permit, will provide and maintain at the Contractor expense, Comprehensive General Liability Insurance coverage with a Contractual Liability endorsement and with minimum limits of \$1,000,000 Combined Single Limit for Bodily Injury and Property Damage or as required by the Risk Manager of the City of Corpus Christi pursuant to Ordinance #19277. The City of Corpus Christi will be named as Additional Insured on the policy. Evidence of required insurance coverage with a Certificate of Insurance furnished to the Traffic Engineering Department (Public Works) prior to the proposed blockage under this permit.

I acknowledge and agree that the application and all required documentation is complete and accurate. I also acknowledge and agree to the permit requirements. The approved permit shall be maintained at the work site and made available for inspection for the duration of work.

Permittee Printed Name (Authorized Representative)

Permittee Signature (Authorized Representative)

Date

INTERNAL USE ONLY

DATE RECEIVED: _____ **REVIEWED BY:** _____

DATE ISSUED: _____ **EXPIRATION DATE:** _____

APPROVED BLOCKAGE START DATE: _____

APPROVED BLOCKAGE END DATE: _____

APPROVED START TIME: _____ **AM** _____ **PM**

APPROVED END TIME: _____ **AM** _____ **PM**

INVOICE AMOUNT: _____

PERMIT/INVOICE: _____

NOTES: _____