

**TURNER COUNTY _____ TOWNSHIP
UTILITY OCCUPANCY APPLICATION AND PERMIT**

Complete form, print, and mail to:
Turner County Highway Dept.
PO Box 549
Parker, SD 57053

OR e-mail to:
tchddenise@vastbb.net

Phone: 605-297-3404
Fax: 605-297-3298

APPLICANT INFORMATION

PERMIT NO. _____

UTILITY COMPANY: _____ DATE: _____
 COMPANY CONTACT: _____ TITLE: _____
 ADDRESS: _____
 BUSINESS PHONE: _____ CELL PHONE: _____
 E-MAIL: _____
 OWNER'S AGENT: _____ TITLE: _____
 AGENT'S PHONE: _____ CELL PHONE: _____ E-MAIL: _____
 SITE SUPERVISOR/CONTRACTOR: _____ PHONE: _____
 ADDRESS: _____ CELL PHONE: _____ E-MAIL: _____

PROPOSED INSTALLATION START DATE ____/____/____

PROPOSED COMPLETION DATE ____/____/____

FACILITY INFORMATION (Complete only as necessary)

Describe work to be done, purpose, and need: _____

Size of Facility _____ Number of Cables _____ Length of Down Guys _____
 Pipe Line Pressure _____ Average Operating Temp _____ Size of Pipe/Casing _____ Length of Pipe/Casing _____
 Location of Poles _____ Location of Appurtenances _____ Location-Others _____
 Primary Nature of the Proposed Work is (check one) _____ New Facility _____ Replacement _____ Relocation _____ Maintenance

OVERHEAD (AERIAL) CONSTRUCTION

_____ Single Pole _____ Open Wire
 _____ H-Frame _____ Cable
 _____ Single Pole & H-Frame _____ Vertical
 _____ Steel Tower _____ Cross-Arm
 _____ Other _____ Vertical & Cross-Arm
 Voltage _____ Number of Conductors _____ Size of Conductors _____
 Minimum Height of Conductor _____ Feet along Highway _____ Feet Clearance above Highway _____
 Describe Location and Extent of Tree Trimming and/or clearing _____

UNDERGROUND CONSTRUCTION

CONDUIT

CASING

_____ Direct Bury _____ None
 _____ Plastic (Type _____) _____ Plastic (_____)
 _____ Steel Pipe _____ Steel
 _____ Concrete CLASS/SCH SIZE DEPTH _____ Concrete CLASS/SCH SIZE DEPTH
 Voltage _____ Number of Conductors _____ Size of Conductors _____
 Method of Installation under Roadways: _____ Boring (Depth _____) _____ Jacking _____ Open Trench _____ Other _____
 If Open Trench, explain why this is necessary: _____
 Describe location and extent of tree trimming and/or clearing _____

TURNER COUNTY _____ TOWNSHIP
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LOCATION INFORMATION

Highway Route: _____ Street Name: _____ Along/Parallel _____ Across _____
 Begin Side of Road: N ___ S ___ E ___ W ___ End Side of Road: N ___ S ___ E ___ W ___ Total Length _____ (feet or miles)
 Begin _____ from reference marker _____ End _____ feet from reference marker _____
 _____ N ___ S ___ E ___ W from City of _____ or _____ miles from junction Highway/Street _____

LOCATION INFORMATION #2

Highway Route: _____ Street Name: _____ Along/Parallel _____ Across _____
 Begin Side of Road: N ___ S ___ E ___ W ___ End Side of Road: N ___ S ___ E ___ W ___ Total Length _____ (feet or miles)
 Begin _____ from reference marker _____ End _____ feet from reference marker _____
 _____ N ___ S ___ E ___ W from City of _____ or _____ miles from junction Highway/Street _____

SUPPLEMENTAL INFORMATION

The intended use of this section is to help the applicant provide information as appropriate in order to streamline and standardize the permitting and review process. Complete as appropriate in accordance with the guidance document, "Accommodation of Utilities on County Highway Right-of-Way." Not all components listed below apply to every project. The amount of information supplied by the applicant should match the scope and scale of the proposed utility improvements. Turner County reserves the right to request any information listed below as well as additional information as required. At a minimum, a sketch, map, or site plan showing the area of work, relation to property boundaries, distances, relation to other utilities present, size of features, etc. should accompany the application.

The following information is attached to the permit application (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Written Narrative | <input type="checkbox"/> Attachment/Assembly Plan (structures) |
| <input checked="" type="checkbox"/> General Site Plan | <input type="checkbox"/> Cost Schedule for all work inside R-O-W |
| <input type="checkbox"/> Traffic Control Plan (req'd for Road/Lane Closure) | <input type="checkbox"/> SPCC Plan (for R-O-W impacts only) |
| <input type="checkbox"/> Access/Egress Plan | <input type="checkbox"/> Material Safety Data Sheet |
| <input type="checkbox"/> Erosion Control/Seeding Plan | <input type="checkbox"/> Break Away Devices (clear zone protection) |
| <input type="checkbox"/> Bury Depth/Typical Section | <input type="checkbox"/> Standard Plates/Details |
| <input type="checkbox"/> Staging Plan | <input type="checkbox"/> Material Specifications |
| <input type="checkbox"/> Utility Route Plan | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Easement Plan | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Guy Wire/Support Plan | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Performance Bond | |

Turner County staff is available to meet with the applicant to review which submittals are required.

APPLICANT AFFIDAVIT

I, the undersigned applicant, in carrying out any and all of the work associated with this permit application and described herein and/or referred to in this application, agree to the terms and conditions as provided herein, and shall strictly conform to the regulations and/or requirements as set forth by Turner County's Board of Commissioners. Furthermore, I agree to comply with all regulations of all other governmental agencies for the protection of the public. I certify that all work associated with this proposed action complies with all regulations, permits, and approvals by all other governmental entities. By signing below, I certify that the work associated with this permit shall be accomplished in a manner that will not be detrimental to Turner County Highways, local drainage ways and water and other natural resources, affected landowners, and the traveling public. I understand that I, and/or my agents and assigns, am completely liable for any non-compliance and/or non-performance of duties as specified herein and will restore any disturbed areas within Turner County Right-of-Way to a neat and professional workman-like manner, or better, at no cost and to the satisfaction of the County.

Dated this _____ day of _____, 20____. Name of Company _____
 Signature _____ Printed Name _____

FEE SCHEDULE: (All fees will be waived for US Government, State, City, County, Township or other government entities, except for Bridge Attachment)

Private Service (no crossing) \$ 20.00	Hazardous Utility (occupancy) \$ 250.00	¹ Distance in miles will always rounded up to the nearest mile.
Private Service, Crossing \$ 50.00	Plus Additional per crossing \$1500.00	² Road way open-cuts are discouraged but may be the only practicable alternative, and will be allowed by special circumstance.
Standard Utility (occupancy) \$ 50.00	Plus Additional per long mile \$1800.00 ¹	³ Fees for a review by a professional engineer will be assessed.
Plus additional per Crossing \$200.00	Open Crossing (Asphalt Road) \$1500.00 ²	Applicant may provide their own structural review by a structural P.E.
Per additional long mile \$200.00 ¹	Plus additional day closed \$ 500.00	
Bridge attachment varies ³	Open cut, partial crossing 1 day \$500.00 ²	
	Plus addition per day closed \$500.00	

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TERMS AND CONDITIONS

Installation and maintenance of said facilities on highway right-of-way shall be subject to Turner County's *Accommodation of Utilities on County Highway Right-of-Way* (on file at the Turner County Highway Dept. upon request) *and the following terms and conditions.*

1. The Applicant agrees to indemnify and hold harmless the Permitting Authority, its employees and its agents, from any cost, claim, suit, liability and/or award which might come, be brought, or be assessed, because of the issuance or exercise of this permit, or because of any adverse effect upon any person or property which is attributed to the partially or entirely completed works of the Applicant. Accomplishment of the permitted work, or any part thereof, by or on behalf of the Applicant to abide by this permit and all its conditions and provisions.
2. The permitted facilities shall, if necessary, be altered at the expense of the Applicant to permit alteration, improvement, or maintenance of the highway as may hereafter be ordered. The entire cost of constructing and maintaining the permitted facilities shall be the obligation of the Applicant unless a contract for such costs has been executed.
3. No open cutting for utility crossings will be allowed without specific authorization by the Permitting Authority. At least one-way traffic must be maintained at all times throughout the utility installation, unless specific approval that states otherwise has been received from the Permitting Authority.
4. Any boring or open cuts shall require casing unless approved by the Highway Supt.
5. When one-way traffic or a detour is used, the Applicant shall provide ALL NECESSARY SIGNS, FLAGMEN, AND LIGHTS required according to the "Manual on Uniform Traffic Control Devices."
6. All disturbed areas shall be returned to their present condition or better, subject to the satisfaction of the Permitting Authority. Access to all private drives and public street intersections shall be maintained, and all disturbed areas completely restored.
7. Any trenching, tunneling, or excavating shall be performed in accordance with the requirements of OSHA and other South Dakota governmental departments having jurisdictional authority over such actions.
8. In cases of emergencies, the Applicant shall call 911 immediately. As soon as safely possible thereafter, the Applicant shall notify the Highway Department by calling 605-297-3404.
9. A copy of this completed permit, along with any plans and special provisions, shall be available on the job site.
10. The Applicant shall notify the Turner County Highway Department 3 working days prior to commencement of work.
11. The Applicant and all its agents and assigns shall wear and ANSI/ISEA 107-2004 Class III height visibility garment while working within the highway right-of-way as per the requirements of 23 CFR 634.
12. Applicant shall promptly remove said facilities from highway right-of-way, or shall relocate or adjust said facilities, at its sole cost and expense when requested to do so by Turner County.
13. Turner County specifically reserves the right to revoke, or change the terms and conditions of the Permit with or without cause and upon notice to the Applicant.
14. All work performed by the Applicant in association with this Permit, is warranted for one year starting upon the completion and acceptance date by Turner County.
15. Upon the completion of the permitted work, the Applicant will return to the Permitting Authority the COMPLETION CERTIFICATE. Submission of this certificate does not guarantee final acceptance by the County.
16. Additional requirements and special provisions which are made part of and attached to this Permit include: _____

FOR TURNER COUNTY USE ONLY

The foregoing application is hereby approved, and permit issued by the Turner County Highway Department subject to full compliance by the Applicant with all provisions and conditions stated herein. Supplemental Information Attached Performance Bond Attached

Approved by: _____ Total Fees Due: _____ Permit : _____

Title: Turner Co Hwy Supt. Date Issued: _____ Date Payment Received _____ Check # _____

Receipt # _____

TURNER COUNTY _____ TOWNSHIP
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COMPLETION CERTIFICATE

Upon completion mail this form to: _____ OR E-mail: tchddenise@vastbb.net
Turner County Highway Dept.
PO Box 549
Parker, SD 57053
Fax: 605-297-3298

Instructions:

*By submitting this document, Applicant certifies that all conditions and special provisions attached to this permit have been completed in compliance with permit requirements and any and all specifications and special provisions attached to the original permit. With this submittal, County Personnel will conduct a final inspection.
Prior to demobilizing from the project location(s), the Applicant shall notify the Highway Department after construction is complete so that a final inspection may be performed by County Highway Personnel. Special conditions required by the County may be applied to this permit and shall be complied with by the Applicant pending Final Approval. If any deficiencies are noted during the final inspection, the Applicant will be responsible to correct deficiencies within 30 days of notification. A copy of the final and approved permit will be sent to the Applicant of record and the original will be on file at the Turner County Highway Dept. In such cases of successful completion of utility installation, the County will return the Applicant's Performance Bond, or portions thereof, as appropriate.*

Name of Utility Company: _____ Date: _____
Authorized Signature: _____ Printed Name: _____
Address: _____
Business Phone: _____ Cell Phone: _____ E-mail: _____
Site Foreman Name: _____ Cell Phone: _____ E-mail: _____
Permit Number _____

To be completed by Turner County Highway Dept.

Field Review conducted by: _____ Date: _____

Punch list items

1. _____
2. _____
3. _____
4. _____
5. _____

Additional Comments

1. _____
2. _____
3. _____
4. _____

Final Inspection conducted by: _____ Date: _____

Comments

1. _____
2. _____
3. _____

Project Acceptance Date: _____ (1-year warranty begins starting with this date.)

The work requested under the subject Permit No. has been completed to the satisfaction of Turner County and all proper procedures, submittals, and restorations have been made.

Signed: _____ Title: _____