

BULLHEAD CITY ENCROACHMENT PERMITS

WORK NOTIFICATION & PROJECT COMPLETION DATE

A Work Notification Form must be filled out and submitted to the City of Bullhead City by email, along with the proposed traffic control plan, at least two to three working days prior to beginning work.

Please complete this form and email engineering@bullheadcityaz.gov, 2 to 3 working days prior to commencing the permitted activity.

PERMIT #: _____ DATE: _____

PERMITTEE / CONTRACTOR: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBERS - OFFICE: _____ MOBILE: _____

DATE(S) OF WORK BEING PERFORMED IN ADOT RIGHT-OF-WAY: _____

START TIME (T.C. set up): _____ END TIME (T.C. removed): _____

ROUTE/HWY: _____ APPROXIMATELY: _____ FEET (direction): _____

STREET ADDRESS: _____

ROAD TYPE: ☐ ☐ 2-Lane Hwy ☐ 4-Lane Hwy ☐ Other ☐

SIDE OF HIGHWAY (Mark at least one): N ☐ S ☐ E ☐ W ☐ Crossing ☐

CROSS ROAD (S): _____

IN/NEAR: _____ ADDRESS: _____

DOES WORK INVOLVE LANE CLOSURES? (Mark one): Yes ☐ No ☐

CHECK LANE(S) CLOSED: ☐ #1 ☐ #2 ☐ #3 ☐ #4 ☐ #5 ☐ #6 ☐ All/Full Closure ☐

TRAFFIC CONTROL DESCRIPTION: _____

REASON FOR RESTRICTION / TYPE OF WORK: _____

OTHER RESTRICTIONS: List any Vehicle Height, Width, Length, Gross Weight, Hazmat Restriction

IS PILOT CAR REQUIRED? : Yes ☐ No ☐

TRAFFIC CONTROL COMPANY: _____ PHONE NO.: _____

TRAFFIC CONTROL CO. 24/7 CONTACT: _____ PHONE NO.: _____

**** Mandatory - Provide On-site/Work Location 24/7 Contact Information below ****

Primary - Name: _____ Cell Phone: _____

Alternate - Name: _____ Cell Phone: _____

Completion date provided by: _____ **Date:** _____

Upon completion of the permitted activity or work please indicate the date and the person's name submitting the information. Once completed submit to engineering@bullheadcityaz.gov
Thank-you in advance for your compliance with the permit requirements.