



# The Town of Loxahatchee Groves

Community Standard Department  
155 F Road  
Loxahatchee Groves, FL 33470  
Phone: (561) 807-6670

## PUBLIC RIGHT OF WAY PERMIT

### 48-HOURS WORK START NOTIFICATION

*(To be submitted a minimum of 48 hours prior to construction)*

**PERMIT#:** \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Contractor Phone #: \_\_\_\_\_

MOT Setup: (Check one)  Daily (M-F)  Daily (incl. weekend)  Continuous  Nightly  Weekends only

Work Start Date: \_\_\_\_\_ Work End Date: \_\_\_\_\_

Major Road(s) Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ N/A

Local Residential Road(s) Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ N/A

#### **Work Performed On**

Street Name: \_\_\_\_\_ Cross Street 1: \_\_\_\_\_ Cross Street 2: \_\_\_\_\_

Description of Work (in this location): \_\_\_\_\_

Work locations in permit include Major Road(s): Yes  No  If yes, and not listed above, complete the following:

Additional Major Roads under same construction dates and times:

#### **Work Performed On**

Street Name: \_\_\_\_\_ Cross Street 1: \_\_\_\_\_ Cross Street 2: \_\_\_\_\_

Description of Work (in this location, enter "SAME" if same description as above): \_\_\_\_\_

#### **Work Performed On**

Street Name: \_\_\_\_\_ Cross Street 1: \_\_\_\_\_ Cross Street 2: \_\_\_\_\_

Description of Work (in this location, enter "SAME" if same description as above): \_\_\_\_\_

#### **Work Performed On**

Street Name: \_\_\_\_\_ Cross Street 1: \_\_\_\_\_ Cross Street 2: \_\_\_\_\_

Description of Work (in this location, enter "SAME" if same description as above): \_\_\_\_\_

#### **Work Performed On**

Street Name: \_\_\_\_\_ Cross Street 1: \_\_\_\_\_ Cross Street 2: \_\_\_\_\_

Description of Work (in this location, enter "SAME" if same description as above): \_\_\_\_\_

Please submit to **The Town of Loxahatchee Groves Public Works Department at 101 West D Road, Loxahatchee Groves, FL 33470.**