



CITYWIDE PERMIT 2011-__

**INSTALLATION OF A MAILBOX
ON CITY RIGHTS OF WAY**

This Permit is issued pursuant to Sedona City Code Chapter 7 Article 7-15-7.D. Anyone acting under the terms of this Permit agrees to hold the City harmless for the placement and/or the operation of the encroachments approved under this Permit. All applicable boxes shall be filled in or checked.

(X) PERMIT FOR CONFORMING MAILBOX INSTALLATION

WORK START DATE: _____ **AT LOCATION:** _____

THIS PERMIT IS VALID FOR ONE WEEK FROM THE WORK START DATE

In consideration of the granting of this Permit for work conforming to the Sedona City Code, the Permittee hereby agrees to the conditions set forth in Chapter 7 Article 7-11 Mailboxes, and, Article 7-15-7.D and this Citywide Permit.

SUBMITTAL REQUIREMENTS: The following items are required for this Permit.
(Place a checkmark and date by each item when it is completed)

- () _____ Contact the Sedona Post Office (928-282-3511) for mailbox location verification.
DATE
- () _____ Contact the Arizona Blue Stake Center at 811; 800-782-8348; or <http://www.azbsinc.com/>
DATE This is an important step since the existing underground utilities may dictate your available area for installation. Please plan ahead; location of utilities is a free service and is required by State Law. A minimum of 2-3 workdays is required for marking of underground utility lines.
The Blue Stake Center will assign a number; place that number here: _____
- () _____ I have reviewed Article 7-11 Mailboxes, and the proposed installation conforms to this Article.
DATE <http://www.codepublishing.com/AZ/sedona/>
- () _____ Post this Permit on the property at or near the work area during installation.
DATE
- () _____ Call 928-204-7800 for a final inspection when work is completed.
DATE **Inspections are conducted during City Business hours: Monday - Friday from 8:00 a.m. -3:00 p.m.**
(summer hours: Monday – Thursday 8:00 a.m. – 4:30 p.m.)
(If you leave a message please leave your: Permit number, address, name and phone number)

NAME OF APPLICANT: _____ **PHONE:** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

By using this Permit it is understood that you have reviewed the submittal requirements. This Permit shall be made available to all City Personnel upon request and shall be posted on the property during the mailbox installation.

This Permit is not valid until signed and dated.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

Work not complying in full with the requirements of this Permit will require obtaining a separate right-of-way permit.

Contact Victor Estrada at (928) 204-7800 if you have questions regarding whether you may use this Permit for your project.