

**OTOE COUNTY ROADS
APPLICATION FOR PERMIT
TO OCCUPY COUNTY RIGHT OF WAY WITH A DRIVEWAY
OR REQUEST A 911 ADDRESS SIGN**

Date: _____

Application is hereby made to the Otoe County Road Department by:

First and Last Name	Phone Number
Address, City, State and Zip Code	

PLEASE CHECK ALL THAT APPLY:

DRIVEWAY PERMIT APPLICATION:

*WHY ARE YOU REQUESTING A 911 ADDRESS SIGN?

NEW RESIDENCE CONSTRUCTION

REPLACEMENT OF EXISTING 911 SIGN

NEW ADDRESS/Other THAN NEW CONSTRUCTION

*Explain: _____

*ALL 911 Address Signs will be installed by Otoe County Roads Personnel.

THERE IS A \$25.00 FEE FOR EACH DRIVEWAY PERMIT

THERE IS A \$25.00 FEE FOR ANY 911 ADDRESS SIGN

THE EXACT LOCATION OF THIS OCCUPANCY IS DESCRIBED AS BEGINNING AT A POINT: _____ FEET

EAST____NORTH____WEST____OR SOUTH____FROM THE COUNTY INTERSECTION OF:

_____ SECTION_____,TOWNSHIP_____,North, RANGE_____East of the 6th p.m.

In Otoe County, Nebraska. With a _____ Diameter_____Feet Long_____Culvert. (PVC, Metal)

*This applicant agrees to make the occupancy in accordance with the terms and conditions as outlined in the Otoe County Culvert Resolution. Otoe County will require that all road right of ways worked in, will be restored to it's former condition.

NAME OF CONTRACTOR: IF DRIVEWAY BEING INSTALLED BY CONTRACTOR: _____

ALL Installations performed by a contractor must: Contact 811 locate service and properly barricade work area conforming to the current Manual on Uniform Traffic Control Devices.

Owner Signature: _____ Date: _____

FOR OTOE COUNTY: _____ Date: _____

COMMENTS: _____

ALL PAYMENTS MUST BE SUBMITTED IN CASH OR CHECK WITH APPLICATION TO THE:

OTOE COUNTY ROADS DEPARTMENT: 6150 HIGHWAY 75, P.O. BOX 249 NEBRASKA CITY, NEBRASKA 68410

www.co.otoe.ne.us/ 402-873-9586 roadswest@otoe.nacone.org