Road Opening Permit Application

Martin County Public Works Department
2401 SE Monterey Road, Stuart, Florida 34996
Telephone: (772) 288-5927
pwdpermits@martin.fl.us

Office Use Only:
Permit #:

The application must be filled out in its entirety and accompanied by all requirements, or it will be deemed insufficient for review.

Applicants Information

Company Name: _____

Applicant Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Engineer's Information

Firm Name: _____

Engineer Name: _____ License #: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Contractor's Information

Company Name: _____

Qualifier's Name: _____ License #: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Property Information

Property Location: _____

Legal Description: _____

Shown on Plat (name of subdivision or development: _____

Detail Description of Work:

Road Data

Name of Road: _____

Neareast Starting Side Street: _____

Neareast Ending Side Street: _____

Road Classification: ☐ Local / Residential ☐ Major Arterial ☐ Major Collector ☐ Minor Arterial ☐ Minor Collector

Speed Limit: _____ Length of Road to be Open: _____

Proposed Mainenance: ☐County ☐Private

Existing ROW Width: _____ Proposed ROW Width: _____

Pavement Type: ☐Asphalt ☐Unpaved ☐Other Pavement Width: _____

Sidewalk Location: ☐North ☐ South ☐East ☐West Sidewalk Width: _____

Permittee's/ Applicant's Acknowledgement:

I hereby acknowledge that I have read the Conditions of the Martin County Road Opening Permit and agree to conduct all work in accordance with all applicable County Regulations & State Codes and Laws. The Permittee acknowledges that they or their duly authorized agents are jointly and severally bound by the terms and conditions of the application and this information.

_____

Name of Applicant (print)

_____

Signature of Applicant

STATE OF FLORIDA, COUNTY OF _____

The foregoing instrument was acknowledged before me

this_____ day of_____ , 20_____

by _____

Name of person acknowledging

Personally known_____OR Produced Identification ___

Type of Identification _____

NOTARY PUBLIC

_____

Signature

_____

Print Name

My Commission Expires: _____

[SEAL]

_____

Name of Contractor/Engineer (print)

_____

Signature of Contractor/Engineer

STATE OF FLORIDA, COUNTY OF _____

The foregoing instrument was acknowledged before me

this _____ day of _____ , 20 _____

by _____

Name of person acknowledging

Personally known____OR Produced Identification ___

Type of Identification _____

NOTARY PUBLIC

_____

Signature

_____

Print Name

My Commission Expires: _____

[SEAL]