

APPLICATION NUMBER: _____

PART 1: PERMITTEE INFORMATION

Name of Applicant: _____

Name of Authorized Agent: _____

Name of Organization: _____

Mailing Address: _____

Telephone: _____

Consultant/Engineer/or Project Manager: _____

Address: _____

Telephone: _____ Mobile Phone: _____

PART 2: ESTIMATED COST OF CONSTRUCTION ON RIGHT-OF-WAY

COST ESTIMATES _____
PLEASE ATTACH ALL CALCULATIONS

Estimated by: _____
NAME (Printed or Typed)

NOTE: Must be estimated by a Professional Engineer registered in the State of Florida

Signature Date



PART 3: SECURITY INSTRUMENT RECEIPT CERTIFICATION

Received by Florida Department of Transportation:

Date Person Accepting Signature

Performance Bond returned by Certified Mail (Receipt of Certified Mail Attached):

Date Person Processing Signature

PART 4: INSPECTION VERIFICATION

Signature of Staff: _____ Date: _____

ATTACH INSPECTION DOCUMENTATION