

**OB**

City of  
Burlington  
Code of  
Ordinances  
CHAP 27

CITY OF BURLINGTON • DEPARTMENT OF PUBLIC  
WORKS

## ***OBSTRUCTION PERMIT APPLICATION***

TO BE COMPLETED IN FULL BY ALL PERSONS SEEKING AN OBSTRUCTION PERMIT  
FOR CONSTRUCTION WITHIN THE CITY LIMITS PURSUANT TO CHAPTERS 27-29 OF  
THE CODE OF ORDINANCES. (SEE INSTRUCTIONS ON BACK BEFORE COMPLETING)

### IDENTIFICATION

Please Print  
or Type

**JOB SITE LOCATION: STREET NAME & NUMBER**

**OFFICE USE ONLY**

#### PLANS ATTACHED

TRAFFIC CONTROL & FLAGGER INFO  
WORK ZONE & SIGNAGE LOCATION  
PERDESTRIAN DETOUR PLAN  
LANE SHIFTS

#### INSURANCE INFORMATION

Insurance agents name \_\_\_\_\_

Insurance policy number \_\_\_\_\_

Expiration date \_\_\_\_\_

DESCRIPTION OF  
YOUR WORK

**CONTRACTORS / HOMEOWNERS  
NAME**

**CONST. START DATE**

**END DATE**

**ADDRESS**

**CITY/TOWN**

**STATE**

**ZIP CODE**

**CONTACT PERSON**

**DAY PHONE**

**SIGN  
HERE**

Signature

Title

Date



*Upon completion of this form please attach all corresponding documentation and submit to the excavation officer for reviews and approvals.*

*Respective to the City Code of Ordinances Chapter 27 section 27-29; OBSTRUCTION PERMITS for traffic & pedestrian control requirements are to ensure public health and safety relevant to their safety around construction that takes place in the City Right of Way, (R.O.W.). Insurances and plans submitted shall provide coverage & a clear and defined detour path that will convey foot & vehicular traffic safety around hazardous construction areas at all times during construction. The R.O.W. shall include and not limited to streets, greenbelts & sidewalks.*

**JOB SITE LOCATION:** Please provide the street name & number where you are requesting to obstruct.

**DESCRIPTION OF WORK:** This is a description of the work you expect to perform at the job site.

**CONTRACTOR / HOMEOWNER'S NAME AND ADDRESS:** Please complete this section in full.

**DATE CONSTRUCTION WORK WILL BEGIN:** Please indicate the date that you will be on the job and starting the work.

**END DATE:** Please provide the date work will be complete.

**CONTACT PERSON:** The contact person for the project is the person whom the inspectors will contact directly during all times the obstruction permit is issued.

**PERMIT FEES:** five (\$5.00) dollars per week.

**RECEIVING A PERMIT:** Upon the inspectors review and approval based on project meeting all applicable standards in the Code of Ordinances a permit will be issued.

**REQUIRED INSPECTIONS:** The inspector will check off the appropriate boxes indicating the types of inspections required for that project. The required inspections are shown in the Left-hand corner of your permit.

**OBSTRUCTION PERMIT MUST REMAIN ON SITE:** Your obstruction permit must remain on site and at all-times and readily accessible upon request. Violation of this will cause further action to be taken.

**SIGNATURE REQUIRED:** Your signature is required as part of completing the form and receiving your work permit.

**SPECIAL INSTRUCTIONS:**

**PERMIT WALK-IN OFFICE HOURS:**

7:00 AM – 9:30 AM Monday thru Friday  
By Appointment: (802) 865-7562

**WORKING WITHOUT PERMITS:**

⇒ Working outside your permit approvals will constitute an immediate Stop Work Order on the project until compliance has been reestablished. .

⇒ Working without an Obstruction Permits will result in being issued a STOP WORK Order on all work taking place over City Right of Way.