

TEMPORARY HIGHWAY USE PERMIT APPLICATION
ACHD CONSTRUCTION DEPARTMENT
FAX # (208) 387-6289 OR E-MAIL TO permits@achdidaho.org

ACHD Inspector _____
On 5-Yr Moratorium No-Cut List -
Yes ___ No ___
OBSTRUCTION ORDINANCE _____

		PERMIT #	
DATE OF APPLICATION	START DATE	END DATE	
CONTRACTOR	SUB-CONTRACTOR		
RESPONSIBLE PERSON	RP CERTIFICATE # CON _____ - _____ Exp. Date: _____	CELL/PHONE#	
FOREMAN	PHONE #	CELL #	
TRAFFIC CONTROL COMPANY	TC CONTACT	PHONE #	FAX #
JOB SITE STREET ADDRESS		NEAREST INTERSECTING CROSSROAD	
CITY	SUBDIVISION NAME & #-ACHD PROJECT #-NAME OF COMMERCIAL DEVELOPMENT		
DESCRIPTION OF WORK	CONTRACTOR JOB #	ACHD PROJECT #	
BELL HOLE / TRENCH (UNDER 50 FT) # OF _____ ; LENGTH OF TRENCH; _____ FT	CONCRETE APPROACH (C / G / SW) _____ LF		
TRENCH WORK (OVER 50 FT) LENGTH _____ FT; DEPTH: _____ FT	CONCRETE APPROACH (C / G ONLY) _____ LF		
BORE : LENGTH _____ FT ; # OF BELL HOLES _____	CURB & GUTTER ONLY _____ LF		
OBSTRUCTION : SIDEWALK _____ ; BEHIND SIDEWALK _____ ; IN LANDSCAPING _____ ; SHOULDER _____ ; ROADWAY _____ ; ALLEY _____	SIDEWALK ONLY _____ LF		
OVERHEAD WORK: FIBER, CABLE, WIRE -LENGTH _____ FT; POLES _____ # OF; REPEAT PASS REQUIRED _____	CURB/GUTTER/SIDEWALK _____ LF		
MANHOLES: NUMBER OF _____ ; TYPE OF WORK _____	ASPHALT APPROACH / STREET SURFACING _____ SY		
OTHER (BE SPECIFIC):	IDAHO DEPARTMENT OF TRANSPORTATION PERMIT ATTACHED (ITD)		<input type="checkbox"/>

DRAINAGE

DATE RECD _____ PRIORITY _____ SIGNED _____
 _____ APPROVED DATED _____
 _____ APPROVED WITH AMENDMENTS
 _____ DECLINED

This CSDC Plan meets ACHD's requirements. Discharges from your construction activities may be subject to further regulation under local, state and federal law. ACHD does not assume any liability or responsibility for any deficiencies or inadequacies in your plan in meeting such further applicable law and regulations.

ATTACH THE FOLLOWING: PLANS OR DRAWINGS (1 SET) SHOWING PROPOSED WORK AREA, ALL BMPS, TRENCH DETAILS, AND A COMPLETE TRAFFIC CONTROL PLAN _____

TRAFFIC CONTROL		THE CONTRACTOR AND THE TRAFFIC CONTROL SIGN COMPANY MUST HAVE AN ACHD-APPROVED COPY OF THE TRAFFIC CONTROL PLAN ON THE JOB SITE WHEN WORKING.		
DATE RECEIVED _____		DATE APPROVED _____		APPROVED BY _____
MAP OF STREET & WORK AREA SHOWING TRAFFIC RESTRICTIONS: YES NO			MULTI-LANES: YES NO IF YES, HOW MANY LANES: _____	
TIME RESTRICTIONS: _____ TO _____			NIGHT WORK	WEEKEND WORK
DO NOT SET UP TRAFFIC CONTROL UNTIL AFTER: _____			MOBILE WORK	INFORMATION ONLY
NO IMPACT TO TRAFFIC	PEDESTRIAN RESTRICTIONS	BEHIND SHOULDER / CURB / SIDEWALK	SHOULDER WORK	ALLEY CLOSURE
LANE RESTRICTION	FLAGGING	IMPACTING SIGNAL OPERATION	ROAD CLOSURE	TRAFFIC DETOUR PLAN
RITA				
THE CONTRACTOR MUST NOTIFY THE FOLLOWING ENTITIES AT LEAST 48 BUSINESS HOURS BEFORE STARTING WORK ON THIS PERMIT APPLICATION AND/OR THE ASSOCIATED PERMIT:				
ACHD INSPECTOR (SEE TOP RIGHT OF ISSUED PERMIT) ALL AFFECTED RESIDENTS & BUSINESSES DIGLINE (IF DIGGING) (800) 342-1585 ADA COUNTY / BOISE CITY POLICE & FIRE DISPATCH (NON-EMERGENCY) 377-6790 GARDEN CITY POLICE & FIRE DISPATCH (NON-EMERGENCY) 472-2950 MERIDIAN POLICE & FIRE DISPATCH (NON-EMERGENCY) 888-6678 BOISE CITY PARKING 384-3770 VALLEYRIDE 336-1010		BOISE SCHOOL BUS CO. (FIRST STUDENT) 854-5230 KUNA SCHOOL BUS CO. 922-1013 MERIDIAN SCHOOL BUS CO. 855-4440 ALL SCHOOLS WITHIN 1-1/2 MILES OF THE WORK SITE BFI / ALLIED WASTE 345-1265 J&M SANITATION SERVICES (KUNA CITY) 922-3313 MERIDIAN SANITATION SERVICES (MERIDIAN CITY) 888-3999 IDAHO TRANSPORTATION DEPARTMENT MATT WARD 334-8341 LARRY BRONSON 334-8328		
ADDITIONAL TRAFFIC CONTROL INSTRUCTIONS:				