

**CITY OF CEDAR RAPIDS  
NON-FRANCHISE UTILITY LICENSE APPLICATION**

COMPLETE AND SUBMIT ALL THE REQUIRED INFORMATION LISTED BELOW FOR EACH REQUEST TO BE PROCESSED.  
PLEASE ALLOW TWELVE WEEKS FROM RECEIPT OF PAYMENT FOR REQUEST TO BE PROCESSED

**OWNERS INFORMATION**

NAME (AS IT APPEARS ON DEED): \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_

CONTACT PERSON and TITLE: \_\_\_\_\_

CONTACT PHONE and EMAIL: \_\_\_\_\_

**RESPONSIBLE PARTY INFORMATION (if applicant or owner, please state)**

COMPANY NAME and ADDRESS: \_\_\_\_\_

CONTACT PERSON and TITLE: \_\_\_\_\_

CONTACT PHONE and EMAIL: \_\_\_\_\_

**APPLICANT INFORMATION**

COMPANY NAME and ADDRESS: \_\_\_\_\_

CONTACT PERSON and TITLE: \_\_\_\_\_

CONTACT PHONE and EMAIL: \_\_\_\_\_

**UTILITY INSTALLERS INFORMATION**

COMPANY NAME and ADDRESS: \_\_\_\_\_

CONTACT PERSON and TITLE: \_\_\_\_\_

CONTACT PHONE and EMAIL: \_\_\_\_\_

BOND ON FILE: \_\_\_yes \_\_\_no BOND EXPIRATION DATE: \_\_\_\_\_ INSURANCE ON FILE: \_\_\_yes \_\_\_no

I hereby acknowledge that these fees are non-refundable and do not guarantee approval of request by City Council.

DATE REQUESTED: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**MUST BE INCLUDED WITH REQUEST: (Check Applicable Items Below)**

- Encroachment onto Public Right-of-Way (the following is required for all requests):
  - Written Statement of Purpose for Request
  - Site Plan with Measurements on 8 ½ x 11 or 8 ½ x 14 (color if possible)
  - Elevation View with Measurements on 8 ½ x 11 or 8 ½ x 14 (color if possible)
  - Proposed Duration of Utility \_\_\_\_\_
  - Application fee \$500.00 \*

**\*The Application Fee does not include the Right of Way Permit Fee or Annual License Fees**

**SUBMIT REQUEST TO:**

Public Works Department  
Engineering Division  
500 15<sup>th</sup> Ave SW  
Cedar Rapids, Iowa 52404  
Phone: (319) 286-5802  
Fax: (319) 774-5653

**CHECKS PAYABLE TO:**

City Treasurer