



PUBLIC WORKS DEPARTMENT
Right Of Way Management Office

**RIGHT OF WAY
 USE PERMIT NO.**

**Right-of-Way Use Permit
 MODIFICATION SUBMITTAL FORM**

Modification #

For Hillsborough County Office Use Only

Maintenance Service Unit

Fee Charged \$ _____ | Fee Paid \$ _____ | Paid Date ___/___/___ | Paid by: ___Cash ___Check ___Credit Card

Contractor/Organization:		Contact Name:		Date:	
Contractor Doing Work For:			Their Phone:		
Check preferred method of permit approval notification: <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> E-mail:					
Modification to ROW Use Permit#:			Changes shown on Drawing page #s:		
Modification #:					
Scope of change:					

I understand the original permit terms, conditions, and expiration date apply, unless otherwise noted by Hillsborough County.

Signature of permittee **X** _____

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The following criteria has been	Met	NOT Met	
Modification #	_____	_____	
Mod# on drawing	_____	_____	
Mod date on drawing	_____	_____	
Scope of change described	_____	_____	Permit Reception Officer: _____ Processed: ___/___/___ ___:___ am/pm
Original Permit Approved	_____	_____	

Hillsborough County Approval: This form shall, upon appropriate county signatures or separate approval letter, become the modification approval. All work performed under this permit shall be done in accordance with ordinance 92-22 and the Utility Accommodation Guide.

APPROVED BY: _____ DATE: _____

5701 E. Hillsborough Ave., Suite 1222 • Tampa, FL 33610
Main# (813) 274-6500 Fax 274-6563