



# CITY OF WINTER SPRINGS

1126 East State Road 434  
Winter Springs, FL 32708  
Phone: 407-327-1800 Fax: 407-327-4784  
www.winterspringsfl.org

## R.O.W. Permit

PERMIT#: \_\_\_\_\_ DATE: \_\_\_\_\_ FEE: \$ \_\_\_\_\_

PERMIT PURPOSE: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS OF WORK: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

TIME LIMIT FROM: \_\_\_\_\_ TO: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT (PRINT NAME)

\_\_\_\_\_  
APPLICANT'S SIGNATURE

### THE FOLLOWING TO BE ENTERED BY THE BUILDING DEPARTMENT ONLY:

APPROVED BY: \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_

ENGINEER'S COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_