

TOWN OF THURMONT
RIGHT – OF – WAY (ROW) APPLICATION
615 East Main Street – P.O. Box 17 – Thurmont, Maryland 21788
www.thurmont.com (301) 271-7313



Applicant: _____
 Address: _____
 Phone: _____ Email: _____
 Owner Renter Contractor

Owner: _____
 Address: _____
 Property Address: _____
 Phone: _____ Email: _____

Type of Work:

<input type="checkbox"/> Sidewalk	<input type="checkbox"/> Replacement	<input type="checkbox"/> New
<input type="checkbox"/> Curb & Gutter	<input type="checkbox"/> Replacement	<input type="checkbox"/> New
<input type="checkbox"/> Driveway	<input type="checkbox"/> Replacement	<input type="checkbox"/> New
<input type="checkbox"/> Right-of-Way for Water Line		
<input type="checkbox"/> Right-of-Way for Sewer Line		
<input type="checkbox"/> Right-of-Way for other utility		

Bond Security: (All bonds are deposited and refunded by check once work is approved by Town Inspector)

<input type="checkbox"/> Sidewalk = \$1,000	<input type="checkbox"/> Sidewalk & Driveway Entrance = \$2,000
<input type="checkbox"/> Curb & Gutter = \$1,000	<input type="checkbox"/> Curb & Gutter, Driveway = \$2,000
<input type="checkbox"/> Driveway Entrance = \$1,000	<input type="checkbox"/> Right-of-Way Repair Water Line = \$2,000
<input type="checkbox"/> Sidewalk, Curb & Gutter = \$2,000	
<input type="checkbox"/> Right-of-Way Repair Sewer Line = \$2,000	
<input type="checkbox"/> Street Repair Other Utility = \$2,000	

Signature of Applicant

Date

Paid by: <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card	Town Use Only Call for Pickup <input type="checkbox"/> Mail <input type="checkbox"/> Check to be refunded to: _____
---	--

For Inspections Requests Contact:
Kelly Duty (Town Planner) 301-271-7313 ext. 215 - kduty@thurmontstaff.com or
Jim Rice (Inspector) 301-569-1157 – jrice@thurmontstaff.com

Town Use Only

Ok to proceed; must contact Town 24-hours in advance prior to construction.

Date called for inspection: _____

Date Inspected: _____

Approved
 Denied

 Inspector Signature

Date refunded _____ Check # _____