



Right-Of-Way Encroachment Application and Permit  
Other Encroachments  
Idaho Transportation Department

ITD 2111 (Rev. 11-13)  
itd.idaho.gov

ITD Permit Application Number 06-16-031

Route US-20 Milepost 360.560

Applicant Information - Print or Type

Applicant(s) Name (Printed) <u>ASHTON ROTARY CLUB</u>	Mailing Address or P.O. Box <u>P.O. BOX 585</u>	City <u>ASHTON</u>	State <u>ID</u>	Zip Code <u>83420</u>
E-Mail Address (If available) <u>Christy.Kontack@gmail.com</u>	Daytime Phone Number <u>208-200-1707</u>	Alternate Phone Number		
Property Owner's Name (Printed) <u>IDOT</u>	Property Address and TAX ID Number <u>PARCEL RPA0002050DT00</u>	City (If in city limits) <u>ASHTON</u>	County <u>FREMONT</u>	
Request Detail (i.e., landscaping, benches, bus turnout, etc.) <u>ROCK w/ ROTARY LOGO - PLACED AMIDST FLOWERS</u> <u>(LOCATED AT "ROTARY CORNER" (INTERSECTION OF HWY20 &amp; MAIN ST ASHTON))</u> <u>TRAVERTINE 7Wx4'x3"D - 63' from Hwy20 FOG LINE</u>				

For ITD Use

Project Number From ITD Highway Plan	Date Application Received <u>7-10-15</u>	Date Application Determined Complete	In City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Route <u>US-20</u>	Segment <u>002070</u>	C/L Milepost <u>360.560</u>	<input checked="" type="checkbox"/> Right <input type="checkbox"/> Left
C/L Highway Station <input type="checkbox"/> Right <input type="checkbox"/> Left	Reason if Restricted to Right Or Left		
Site Distance Right <u>1000'</u> Left <u>1000'</u>			

ITD District Review

Section	Reviewer	Date	Recommendation		Section	Reviewer	Date	Recommendation	
			Approve	Deny				Approve	Deny
Design			<input type="checkbox"/>	<input type="checkbox"/>	Property Mgmt			<input type="checkbox"/>	<input type="checkbox"/>
Maintenance			<input type="checkbox"/>	<input type="checkbox"/>	Traffic			<input type="checkbox"/>	<input type="checkbox"/>
Planner			<input type="checkbox"/>	<input type="checkbox"/>	Dist. Engineer			<input type="checkbox"/>	<input type="checkbox"/>

List any conditions of approval

List reason(s) for denial recommendation

Attachments

<input type="checkbox"/> Special Provisions/Conditions of Approval	<input type="checkbox"/> Construction Drawings
<input type="checkbox"/> Traffic Control Plan	<input type="checkbox"/> Dept. Roadway Plansheets _____
<input type="checkbox"/> Standard Drawings	<input type="checkbox"/> Letters of Recommendation/Denial _____

Upon signature of both parties, subject to all terms, conditions, and provisions of this permit or attachments, permission is hereby granted to begin work within the State Highway Right of Way.

Property Owner/Authorized Representative's Signature X <u>[Signature]</u>	Date <u>July 8, 2015</u>	Phone Number <u>(208) 200-1707</u>
Idaho Transportation Department Authorized Representative's Signature X <u>[Signature]</u>	Title <u>DTE for DE</u>	Date <u>7/17/15</u>