



# City of Bowling Green



## Department of Public Works

1011 College Street ■ P.O Box 430 ■ Bowling Green, KY 42102-0430

Phone: 270-393-3628 ■ Fax: 270-393-3050 ■ TDD: 1-800-618-6056 ■ Web Address: [www.bgky.org](http://www.bgky.org)

### Attention Right of Way Permit Applicants

Please take a moment to read the attached City Ordinances pertaining to right of way work, excavations and street closures, and review the Street Cut Repair Method 2017. Please note that the City requires that you submit a copy of your Certificate of Liability Insurance, with a liability coverage of at least \$1,000,000.00. The City of Bowling Green must be listed as additionally insured.

We need permit applications at least 24 hours prior to work commencing and/or street being closed. However, we understand that in certain unique cases this may not be possible. In that event, and only if you have a Certificate of Liability Insurance on file, simply call and notify me of address, type of work, and when you will begin work, then file your permit and post bond as quickly as possible.

Communication is the key! A quick phone call is all it takes! Call and keep me informed. I need to know where you are working, when you will be doing the work, and what type of work it is (street cut, sidewalk cut, curb cut, working in right-of-way, or a combination of one or more of these). I will also need to be informed when you are backfilling, and also when the permanent repairs are being made.

The steps are simple....

1. File a permit, post bond, and provide a certificate of liability insurance, at least 24 hours prior to working in the right of way.
2. Call you are preparing to make a cut.
3. Call when you are preparing to backfill a cut.
4. Call when you are preparing to place concrete.
5. Call when you are preparing to place asphalt or make permanent repairs.

I can't stress enough, communication is the key, quick 2-3 minute phone calls will help this process run smoothly.

Thank you for your help, and if I can be of any assistance or you have any questions please feel free to call. You can reach me on my cell 24/7.

Melanie Shy  
Public Works Technician  
Department of Public Works  
Office 270-393-4169  
Cell 270-991-4253

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*Greg Meredith, P.E.*  
**Public Works Director**

*Melissa Cansler, P.E.*  
**City Engineer**

*David Delp*  
**Operations Manager**

*Denise Gilland*  
**Fleet Manager**

*Matt Powell*  
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*David Hehner*  
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*Mission: Safely, efficiently, and professionally enhance the quality of life for the citizens of Bowling Green*





**THE CITY OF BOWLING GREEN  
 SUBSTITUTE FORM W-9 & ACH ENROLLMENT FORM  
 REQUEST FOR TAXPAYER ID NO. & CERTIFICATION**

Return to: 1017 College Street, Bowling Green, KY 42101, or  
 Fax: (270) 901-3166, or  
 Email: [accounting@bgky.org](mailto:accounting@bgky.org)

**Part I: Vendor Information**

<b>1. Legal Business (or Individual) Name:</b>	<b>2. If you use a Doing Business As (DBA) name, please list below:</b>

**Part II: Taxpayer Identification Number (TIN) & Taxpayer Identification Type**

<b>1. Enter your TIN here (REQUIRED):</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Check appropriate box:</b> <input type="checkbox"/> Individual/Sole Prop <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC* <input type="checkbox"/> Other: _____
<b>2. Taxpayer Identification Type (check appropriate box):</b>	<input type="checkbox"/> Employer ID No. (EIN) <input type="checkbox"/> Social Security No. (SSN) <input type="checkbox"/> Individual Taxpayer Identification No. (ITIN)	
*Circle tax classification: D-disregarded entity, C-corporation, P-partnership		

**Part III: Remit To Information**

Number, Street:		Apt or Suite No.:	<b>Contact Name:</b>	<b>Phone Number:</b>
City:		State:	Zip Code:	( )
Email:			<b>Fax Number:</b>	( )

**Part IV: Primary Administrative / 1099 Reporting Address (if different than Part III)**

Number, Street:		Apartment or Suite No.:		
City:		State:	Zip Code:	Country:

**Part V: City of Bowling Green Business Tax Requirement**

<b>1. Office in the City of Bowling Green?</b> <input type="checkbox"/> Yes (Go to 3) <input type="checkbox"/> No (Go to 2)	<b>2. Physically perform service in the City of BG?</b> <input type="checkbox"/> Yes (Go to 3) <input type="checkbox"/> No (Go to 6 & 7)	<b>3. Business Tax has been paid to City of BG?</b> <input type="checkbox"/> Yes (Go to 4 & 5) <input type="checkbox"/> No (Go to Part 6 & 7)	<b>4. Business Tax License #</b>	<b>5. Expiration Date (Transient only)</b>
<b>6. Brief description of the nature of your business with the City:</b>			<b>7. City of BG employee contact name &amp; phone number:</b>	

**NOTE:** It is unlawful for any person to carry on any business in the City without a valid business license. **PAYMENTS TO YOU MAY BE WITHHELD UNTIL DELINQUENT BUSINESS TAXES ARE RESOLVED.**

**Part VI: Certification**

Under penalties of perjury, I certify that the number shown on this form is my correct Taxpayer Identification Number (TIN) AND I am a US citizen (including a US resident alien).

\_\_\_\_\_ Date \_\_\_\_\_  
 Authorized Signature Title

**OFFICIAL USE ONLY-TO BE COMPLETED BY REQUESTING EMPLOYEE PRIOR TO COMPANY'S RECEIPT**  
 Employee Name: \_\_\_\_\_ Dept: \_\_\_\_\_ Dept Head: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICIAL USE ONLY-TO BE COMPLETED BY FINANCE DEPARTMENT**

License # \_\_\_\_\_ Verified by: \_\_\_\_\_ Date: \_\_\_\_\_ Vendor No. assigned: \_\_\_\_\_ Entered by: \_\_\_\_\_



### City of Bowling Green ACH Payment Enrollment Form

Return to: [accounting@bgky.org](mailto:accounting@bgky.org), or Fax: (270)901-3166, or Mail: 1017 College Street, Bowling Green, KY 42101  
(\* Denotes a required field)

*Type of Transaction (Select one): <input type="checkbox"/> New <input type="checkbox"/> Cancel		
*Vendor Name (as it appears on bank account):		*Vendor Nine Digit Tax ID # (SSN or EIN):
*Vendor ACH Contact Name:	*Vendor ACH Contact Phone:	*Vendor ACH Contact Email:
*Name of Bank:		*Branch Name and Location:
Bank's ACH Coordinator:		Bank's ACH Coordinator Phone number:
*Bank Account #:	*Nine Digit Transit Routing #:	*Account Type (Select one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Detailed payment info can be viewed by registering at <a href="https://esuites.bgky.org/eSuite.Supplier">https://esuites.bgky.org/eSuite.Supplier</a>		
<b>Certification</b>		
I certify that I have read and understood the lower portion of this form. By signing and/or submitting this form, I authorize payments to be sent to the financial institution named above and to be deposited to the designated account.		
_____	_____	_____
Authorized Signature	Title	Date

### **PLEASE READ THIS CAREFULLY**

*The information on this form is confidential and is required to process payment data from the City of Bowling Green to the financial institution and/or its agent. Failure to provide the requested information may delay or prevent receipt of payments through the ACH program.*

#### **Cancellation of ACH Payments:**

Payments will be made electronically via ACH until cancellation by the City of Bowling Green or the vendor.

Cancellation by the City of Bowling Green: ACH payments will be canceled on the effective date of any of the following:

- Change of financial institution or account information
- Change of the vendor to inactive status.

Cancellation by the Vendor: You may stop receiving payments via ACH at any time by completing an ACH Payment Enrollment Form. On a new form, check the Cancel box, fill in vendor name, Social Security or Tax Id number, account number and account type, then sign and date the form in the Certification Section.

#### **Change in Financial Institution:**

To change the financial institution into which you deposit funds, you must first **cancel** your ACH payment (see above), then complete a new enrollment form to start ACH payments with the new financial institution.

#### **Responsibilities:**

- You are responsible for verifying (with your bank) the accuracy of your bank account number when your enrollment form is completed
- You are responsible for notifying the City of Bowling Green if you change banks or account number. You must complete a new ACH Payment Enrollment Form and begin the ACH payment process again.
- You must complete an ACH Payment Enrollment Form to **cancel** that ACH payment (see above for instructions).
- You are responsible for payment of any charges that may be incurred against your account as a result of receiving an ACH payment.
- You must repay the City of Bowling Green if an overpayment occurs as the result of payment via ACH.

#### **Miscellaneous:**

- A **pre-notification** will be processed upon receipt of this ACH Payment Enrollment Form to verify banking information is correct. If any problems occur during the processing of the **pre-notification** vendor payments will continue as they were prior to completing the ACH Payment Enrollment Form until corrections can be made.
- **Register at <https://esuites.bgky.org/eSuite.Supplier>** to view detailed account information; such as purchase order, invoice and payment history. To register you will need to supply: Taxpayer ID # and a recent check # and amount.



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Phone: 270-393-3628 ■ Fax: 270-393-3050 ■ TDD: 1-800-618-6056 ■ Web Address: [www.bgky.org](http://www.bgky.org)

Dear Street Cut Permit Applicant;

When you come to the Public Works Office to apply for a Street Cut permit, please have the Public Works Project Manager, Melanie Shy, or whoever is attending to you, to check and see if you are in the vendor files of the City of Bowling Green. If our files show that you are not in the vendor files of the City of Bowling Green, and you must fill out **the *Substitute Form W-9, Request for Taxpayer ID No & Certification.***

This is the only way that we can issue you a check to reimburse you for your street cut bond. When you complete the New Vendor form, please email it to [melanie.shy@bgky.org](mailto:melanie.shy@bgky.org), or fax it to the number below.

Please keep in mind as you fill out the form that the bond reimbursement check will come to the address that is in the vendor file, so you may want to check that information also.

If you have any questions or concerns, please do not hesitate to call me at the phone number below.

Thank you for your cooperation.

Sincerely,

*Melanie Shy*

*Public Works Technician*

*City of Bowling Green, Public Works*

*P.O. Box 430*

*Bowling Green, KY 42102-0430*

*Phone: 270-393-4169*

*Fax: 270-901-3135*

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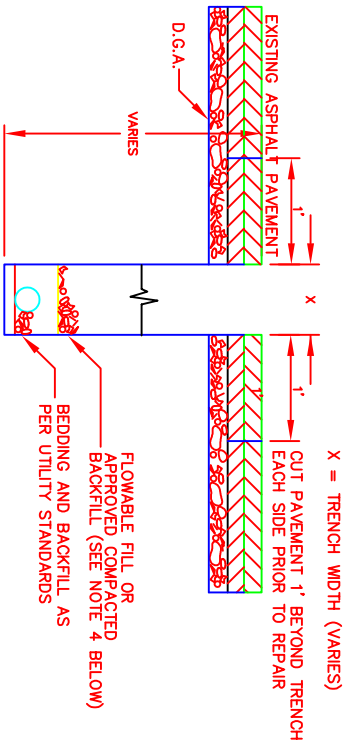
*David Hehner*  
**Facilities Coordinator**

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*Mission: Safely, efficiently, and professionally enhance the quality of life for the citizens of Bowling Green*

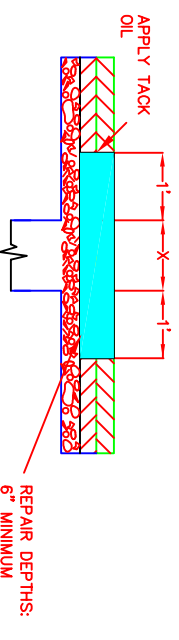


### TRENCH RESTORATION



- CONSTRUCTION PROCEDURE**
- CUT & EXCAVATE PAVEMENT.
  - PAINT UTILITY AGENCY ON PAVEMENT ADJACENT TO CUT.
  - INSTALL & BED PIPE.
  - BACKFILL TRENCH:
    - DGA IN 6" COMPACTED LIFTS PER KYTC SECTION 805 (IF DEPTH TO TOP OF PIPE IS LESS THAN 4 FT.)
    - FLOWABLE FILL (IF DEPTH TO TOP OF PIPE IS GREATER THAN 4 FT.)
  - FINAL CUT AND EXCAVATE 1 FT. BEYOND EDGES OF TRENCH.
  - IN THE EVENT OF A SOIL TRENCH COLLAPSE, THE CONTRACTOR SHALL EXCAVATE ALL LOOSE MATERIAL AND REPLACE WITH STONE.
  - CONTACT BOWLING GREEN PUBLIC WORKS PRIOR TO BACKFILL.

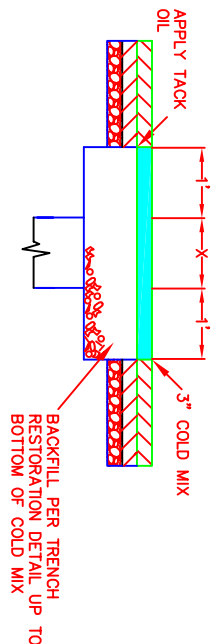
### FINAL REPAIR SECTION



- NOTES**
- ALL STREET CUTS SHALL BE SQUARED AT 90 DEGREE ANGLES.
  - ANY DAMAGE TO ADJACENT AREA CAUSED BY CONSTRUCTION, TRAFFIC OR WEATHER SHALL ALSO BE CUT OUT AND REPAIRED.
  - TACK OIL SHALL BE APPLIED TO ALL SURFACES THAT CONTACT NEW ASPHALT AT A RATE OF 0.05 TO 0.10 GALLONS PER SQUARE YARD.
  - ALL CUTS WHICH ARE 3 FT. OR LESS FROM THE EDGE OF THE STREET SHALL INCLUDE REPAIR OF THIS DISTANCE.
  - FOR LONGITUDINAL CUTS THAT EXCEED 10 FT., THE CONTRACTOR SHALL PAVE ENTIRE AFFECTED LANE/LANES FOR THE LENGTH OF THE CUT. IF THE LONGITUDINAL CUT IS ALONG THE CENTERLINE OF THE ROADWAY, THE CONTRACTOR SHALL PAVE EDGE OF PAVEMENT TO EDGE OF PAVEMENT FOR THE LENGTH OF THE CUT OR AS APPROVED BY BOWLING GREEN PUBLIC WORKS.
  - REPAIR OF IRREGULAR SHAPED CUTS SHALL BE APPROVED BY BOWLING GREEN PUBLIC WORKS.

### WINTER REPAIR METHOD

DEC 15 - APR 1: WINTER REPAIR METHOD SHALL BE USED UNLESS HOT MIX ASPHALT IS AVAILABLE



- NOTES**
- IF COLD MIX IS RAVELING OR RUTTING, CONTRACTOR SHALL MAKE REQUIRED REPAIRS.
  - WHEN HOT MIX ASPHALT BECOMES AVAILABLE, FINAL REPAIRS SHALL BE MADE. TO INCLUDE REMOVAL OF COLD MIX PATCH AND NECESSARY BACKFILL TO ACCOMMODATE HOT MIX BASE AND ASPHALT AS DETAILED ABOVE.
  - ALL FINAL REPAIRS SHALL BE MADE BY MAY 1ST.



CITY OF BOWLING GREEN  
PUBLIC WORKS DEPARTMENT

### STREET REPAIR METHOD

SHEET 1 OF 1

JOB NO. \_\_\_\_\_ SCALE \_\_\_\_\_ DATE \_\_\_\_\_  
N.T.S. 10/12/2021



# City of Bowling Green / Right-of-Way Work Permit



Melanie Shy - Public Works Technician - Hours 7:30am-4:30pm

Office: (270) 393-4169 Cell: (270) 991-4253 Fax: (270) 901-3135

**The City as issuer of this permit retains the right to revoke this permit at any time.**

Contractors Name \_\_\_\_\_ Contractors Address \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Contact Phone Number \_\_\_\_\_  
 City \_\_\_\_\_ State      KY      Zip \_\_\_\_\_  
 Type of Cut / Work                      Street Cut    x                      Curb Cut                           Sidewalk Cut       
 Right-of-Way / Other \_\_\_\_\_

Work Location \_\_\_\_\_ Purpose of Work \_\_\_\_\_  
**All temporary repairs shall be completed within 48 hours of the completion of the utility repairs.**  
 Square Footage \_\_\_\_\_ Sq. Ft. = Length x Width

Construction Dimensions      X      **The permittee shall notify the Public Works Technician/Inspector  
 Commencement Date      /      /      twenty-four (24) hours in advance of work (e.g. excavation,  
 backfill, etc.)**

Computation of the Cash Bond \$      Bond Amount = \$5.00 x Sq. Ft. ( \$250.00 Minimum Bond )  
**Payment of Bonds and Fees is not authorization to begin work.**

Permit Fee = ( \$75.00 Non Refundable )

Only Governmental Agencies and their agents are exempt from the application fees and posting of bonds  
subcontractors working on behalf of Governmental Agencies must pay fees and post bond when filing.

**Any change in the design or proposed purpose or use of the project invalidates the permit.**

Public Works Technician/Inspector Approval \_\_\_\_\_ Date      /      /     

Additional Conditions \_\_\_\_\_

City Engineer or their Appointee \_\_\_\_\_ Date      /      /     

Additional Conditions \_\_\_\_\_

The applicant agrees to comply with all federal, state and local laws, rules and regulations relating to street cuts, including, but not limited to proper signage, barricades, lighting and similar safety measures. The applicant agrees to hold the City of Bowling Green, its officials, officers, agents and employees harmless from any and all claims for damages, including its reasonable attorneys fees, as a result of any action that may be filed as a result of damages arising from the issuance of this permit or from work done in a City right-of-way pursuant to this permit. The applicant agrees to carry liability insurance in an amount and from a carrier satisfactory to the City and such insurance shall name the City as an additional insured.

**All documents must be submitted prior to permit approval, see the back for further details and restrictions.**

**Contractor is responsible for notifying emergency services prior to any road closures/detours. Contractor is also responsible for contacting KY 811 for a B.U.D. locate.**

**Certificate of Insurance is required.**

See Section 9 of the Manual of Purchasing, Policies and Procedures for Insurance Specifications and Guidelines.

Work must begin within 60 days of the applicants signature date, otherwise the permit is considered invalid and must be resubmitted.

Permit Number \_\_\_\_\_

Applicants Signature \_\_\_\_\_

Date \_\_\_\_\_

**Permits are non transferable from the original applicant.**

For Official use Only

Permit # \_\_\_\_\_

Segment # \_\_\_\_\_

#184242 rev 1/19/17

**A Public Works employee must be present during the posting of the bond and fee payment.**

## **GENERAL SERVICE PROVIDER – GS1A**

### **STANDARD HOLD HARMLESS & INDEMNIFICATION CLAUSE, AND INSURANCE REQUIREMENTS FORM**

#### **I. STANDARD HOLD HARMLESS AND INDEMNIFICATION CLAUSE**

To the extent caused by Service Provider's negligent acts, errors, or omissions, the Service Provider agrees to hold harmless and indemnify the City of Bowling Green, its elected and appointed officials and officers, employees and agents ("City") from all liability, claims, damages, losses and expenses, including court costs and attorneys' fees, arising out of or resulting, directly or indirectly, from the Service Provider's (or Service Provider's subcontractor's) performance or breach of the contract. This Hold Harmless and Indemnification Clause shall in no way be limited by any financial responsibility or insurance requirements and shall survive the termination of this Contract.

#### **II. INSURANCE**

**The Service Provider shall not commence work under this Contract until all insurance required under the Contract Document has been obtained and copies of policies or certificates thereof are submitted and approved by myCOI and the City of Bowling Green's Human Resources & Risk Management Department.** *The Service Provider shall not allow any subcontractor to commence work until the insurance required of such subcontractor has been obtained and copies of Certificates of Insurance retained by Service Provider evidencing proof of coverage.*

Prior to commencing work, the Service Provider shall maintain continuous liability coverage written on an occurrence basis or, if a claims made basis, with an extended coverage provision (ERP) option of not less than three years. Coverage will be provided through insurance companies licensed to do business in the State of Kentucky with a Best Rating of A- or better.

Without limiting Service Provider indemnification requirements, it is agreed that Service Provider shall maintain in force at all times during the performance of this agreement the following policy or policies of insurance covering its operations, and require subcontractor, if subcontracting is authorized, to procure and maintain these same policies until final acceptance of the work by the City of Bowling Green. The City of Bowling Green may require Service Provider to supply proof of subcontractor's insurance via Certificate of Insurance, or at City of Bowling Green's option, actual copies of policies.

**The insurance to be procured and maintained and the minimum Limits of Liability shall be as follows, unless different Limits are specified by addendum to the Contract:**

- 1. COMMERCIAL GENERAL LIABILITY – Including contractual liability, bodily injury and property damage combined at a minimum of \$1,000,000** for each occurrence; personal and advertising injury of \$1,000,000 any one person or organization and **\$1,000,000 in the aggregate.**
- 2. AUTOMOBILE LIABILITY**, insuring all Owned, Non-Owned and Hired Motor Vehicles. The minimum coverage Liability Limit is **\$1,000,000** Combined Single Limit for any one accident. The Limit of Liability may be subject to increase according to any applicable State or Federal Transportation Regulations.



3. **WORKERS' COMPENSATION** insuring the employers' obligations under Kentucky Revised Statutes Chapter 342 at Statutory Limits and **EMPLOYERS' LIABILITY** - \$1,000,000 each accident, \$1,000,000 each employee and \$1,000,000 policy limit.

**Commercial General Liability & Auto Liability policies shall be endorsed to contain the following provisions:**

- a) "The City of Bowling Green, its elected and appointed officials, employees, agents and successors and volunteers are named "Additional Insured". The coverage shall contain no special limitations on the scope of protection afforded to the "City" and may not include terms which make the coverage excess to other insurance on which the "City" may also qualify as an additional insured.
- b) The insurance coverage for the Service Provider entering into a contract shall be on a primary and non-contributory basis for liability arising out of activities performed by or on behalf of the Service Provider entering into this contract for service including the insured's general supervision of the premises owned, occupied or used by the Service Provider entering into this contract and ongoing operations as well as completed operations and work performed by Service Provider. Any insurance or self-insurance maintained by the City, its elected and appointed officials, employees, agents and successors and volunteers shall be excess of the Service Provider's insurance coverage.
- c) Any failure to comply with reporting provisions of the policies shall not affect coverage provided to the City, its elected and appointed officials, employees, agents and successors and volunteers.

**All Coverage**

- a) Each insurance policy carrier shall endeavor to provide written notice if the policy is suspended, voided, canceled, non-renewed, reduced in coverage or in limits. Lessee is required to provide 15 day advance written notice to the Lessor if the policy is to be suspended, voided, canceled, non-renewed, reduced in coverage or in limits.
- b) Any deductibles or self-insured retentions must be declared to and approved by the City.
- c) Certificates of Insurance (COI) as required above shall be furnished to:

**myCOI**

**(The attached information sheet provides details on how to register & submit your COI)**

**So that myCOI may contact you with registration information, please provide the following:**

**Company Name:** \_\_\_\_\_

**First and Last Name of Contact Person:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City Employee Contact:** \_\_\_\_\_



**Miscellaneous**

Approval of the insurance by the City of Bowling Green shall not in any way relieve or decrease the liability of the Service Provider hereunder. It is expressly understood that the City of Bowling Green does not in any way represent that the specified Limits of Liability or coverage or policy forms are sufficient or adequate to protect the interest or liabilities of the Service Provider. The City shall not be obligated to review such insurance certificates, policies and endorsements, or to advise Service Provider of any deficiencies in such documents, and such receipt shall not relieve the Service Provider from or be deemed a waiver of the City's right to insist on strict fulfillment of Service Provider's obligations herein.

**Bid Bond, Performance Bond and Labor and Materials Bond**

Depending upon the project, a Bid Bond, Performance Bond and Labor and Materials Bond may be required. If necessary, the City's Legal Department and/or Purchasing Agent shall provide all applicable language in a separate agreement that is to be signed by the Service Provider.

**OSHA/EPA Regulatory Compliance**

The Service Provider entering into a contract agrees to comply with all applicable Federal and State OSHA/EPA laws, rules and regulations. The Service Provider entering into the contract shall have a safety policy based upon applicable regulatory standards, a copy of which may be obtained by the City Safety/Training Manager.

**Authorized Service Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*It is expressly understood that no employer/employee relationship is created by this agreement nor does it cause Service Provider to be an officer or official of the City of Bowling Green. By executing this agreement, the parties hereto certify that its performance will not constitute or establish a violation of any statutory or common law principle pertaining to conflict of interest, nor will it cause unlawful benefit or gain to be derived by either party.*