



RIGHT-OF-WAY UTILITY ENCROACHMENT PERMIT APPLICATION

Send permit application and supporting documentation to
aluna@acworth.org

DATE RECEIVED STAMP	Permit #: _____ Application Date: _____
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APPLICATION IS FOR (Circle all that apply):	<input type="checkbox"/> New right-of-way encroachment <input type="checkbox"/> Lane <input type="checkbox"/> Full Street Closure	<input type="checkbox"/> Modifications to existing right-of-way encroachment <input type="checkbox"/> Sidewalk Closure <input type="checkbox"/> Aerial <input type="checkbox"/> Underground
SITE ADDRESS (of adjacent property):		
PROJECT NAME:		
APPLICANT _____	WORK BEING PERFORMED FOR	APPLICANT OR _____
Project Contact Name:	Phone: _____	
24 Hour Emergency Contact:	Phone: _____	
Company Name:	E-Mail: _____	
Address:	Suite #: _____	
City: _____	State: _____	Zip: _____
Contractor's Business License #: _____	State License #: _____	Qualifying Agent Individual
SCOPE OF WORK		
DESCRIBE CLEARLY THE PURPOSE AND SCOPE OF WORK TO BE PERFORMED (PROVIDE ON SEPARATE SHEET IF NECESSARY). INCLUDE A SKETCH DRAWING AND STRUCTURE ACCESS APPROVAL IF APPROPRIATE.		
TRENCH IN PAVEMENT (LENGTH X _____)	TRENCH OUTSIDE OF PAVEMENT: _____	
NUMBER OF BORES UNDER ROADWAY: _____	TOTAL LENGTH OF BORES: _____	
POLE TYPE _____ WOOD _____ COMPOSITE _____ DECORATIVE _____		
WORK DAYS ESTIMATE _____	SIZE & SPECIFICATION OF PIPE _____	
Date(s) of Work to be Performed: _____	From/To: _____	
HOW MUCH OF STREET IS GOING TO BE CLOSED? (CHECK ALL THAT APPLY) <input type="checkbox"/> Entire Street <input type="checkbox"/> One Travel Lane <input type="checkbox"/> Parking Lane <input type="checkbox"/> Sidewalk		
CLOSED FROM (where): _____	TO (where): _____	
DATE(S) OF CLOSURE: _____	NUMBER OF LANES TO BE CLOSED: _____	
Public Notification must be sent to properties located within 200 feet of construction site five (5) days prior to commencement. Submit copy of public notice letter to Director of Public Works aluna@acworth.org		
Submit Traffic Control Plan for lane, street and sidewalk closures (must comply with Manual on Uniform Traffic Control Devices (MUTCD))		

ALL PERMITS ARE FOR WORK PERFORMED 9AM TO 4PM

The undersigned, upon oath, states that the above information is true and correct, understands that the Permit issued is only for work as stated, and that all inspections must be passed and all requirements met. The permit is granted on the express condition that the said work shall, in all respects, conform to all applicable regulations, including the ordinances of the City of Acworth, Georgia and may be revoked at any time upon violation of any provisions of said regulations and ordinances. Site work will begin no more than six (6) months from the issue date of the permit. All required Contractor State Licensure, Sub-contractors Affidavits, and Business Licenses must be submitted with the completed application. If any information is found to be false or misrepresented, the permit will be deemed invalid. I agree to indemnify and hold harmless the City of Acworth from all damages, demands, or expenses of every character which may in any manner be caused by construction and/or the structure. **I HEREBY AUTHORIZE CITY STAFF TO INSPECT PREMISES OF ABOVE DESCRIBED PROPERTY. TREE PERMIT MUST BE APPROVED (IF APPLICABLE) PRIOR TO WORKING IN THE ROW.**

APPLICANT PRINTED NAME: _____ **APPLICANT SIGNATURE:** _____ **DATE:** _____

TO BE COMPLETED BY ACWORTH UTILITIES

Approved Denied

Date: _____

Signature: _____

Printed Name: _____

Comments: