



RIGHT-OF-WAY UTILITY ENCROACHMENT PERMIT APPLICATION

Send permit application and supporting documentation to roadwork@acworth-ga.gov

Power & Public Works

All asphalt patches must be curb to curb and minimum of 10 LF wide or larger if necessary to include any additional patches nearby. All concrete patches must be joint to joint.

DATE RECEIVED STAMP

Permit #:

Application Date:

APPLICATION IS FOR (Circle all that apply):		New right-of-way encroachment		Modifications to existing right-of-way encroachment	
SITE ADDRESS (of adjacent property):		Lane		Full Street Closure Sidewalk Closure Aerial	
PROJECT NAME:		Underground			
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 roadwork@acworth-ga.gov					
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: