

Community Development Department/Public Services 5047 Union Street ~Union City, GA 30291 Phone (770) 515-7818 jolynn@unioncityga.org www.unioncityga.org

RIGHT -OF -WAY PERMIT APPLICATION

<u>Instructions:</u> Please fill out the form comp	letely.		
Date			
Name of Applicant:			_
Applicant Address:			
Phone Number:	Email:		
Project Manager:			_
Contractor Name (If different than above):			
Address:			
Phone Number:	Email:		
EXACT LOCATION AND DESCRIPTION OF	· WORK		
Project Address/ Intersection/ Location:			
Phone Number (24Hr Contact):	Email:		
Type of Installation:	☐ Underground	☐ Other (explain below)	
Description of Work to be Completed:			
Requested date to begin the Proposed Cor Union City Project? (List project manager/of Please attach engineered drawing with scale edge of pavement, as applicable; (2) Depth of i.e., transformers, pedestals, manholes, regulines; and (7) Lane closure plans, as applicable All construction must comply with the City of City – Public Services Department as require All facilities shall be restored to their original	department)e and legend. Indicated on the of ground cover; (3) All street ulator stations, poles, down give following the MUTCD guide of Union City Specifications and by the Development Regula	ne drawing are the following: (1) Distance names; (4) Positioning of all above and guys and anchors, etc.; (5) Site location elines. as well as all regulatory directives issued ations Manual.	e from back of curb or underground devices, map; (6) Right-of-Way
Applicant Signature	Date	e	
FOR OFFICE USE ONLY			
Permit #: Date Permit Issu	ed:		
Processed By:Bond	Required: Yes No /	Amount \$	
Approved Approved with modif	ications Rejected		
Department of Public Services:			