CITY OF HEATH

200 Laurence Dr.
Heath TX 75032

972-771-6228 – Main City Number
469-273-4015 - Fax
972-961-4897 – Inspection

APPLICATION FOR PERMIT RIGHT OF WAY ACTIVITY

Permit # _____-_____

Amount Paid $_____

Check # _____

Date Paid ___/___/___

Picked Up By:_____

Receipt #_____

Date _____

PROJECT OWNER

Project Owner_____ Address_____

Contact's Name _____Phone Nunber_____Heath Reg #_____

GENERAL CONTRACTOR

General Contractor _____ Address_____

Contact's Name _____Phone Nunber_____Heath Reg #_____

SUB CONTRACTOR

Sub Cohntractorr _____ Address _____

Contact's Name _____Phone Nunber_____Heath Reg #_____

PROJECT LOCATION

Project Location _____

From_____ To_____

REQUIRED SUBMITTALS

- Vincity Map YES ☐ NO ☐
- Type of Utility (pipe, cable, etc) _____
- Plan/Profile(describe)_____
- DIG TESS # _____

I HEREBY ACCEPT ALL CONDITIONS HEREIN ABOVE MENTIONED AND CERTIFY THAT ALL STATEMENTS HEREIN RECORDED BY ME ARE TRUE.

DATE_____

SIGNED_____
agent or owner

DATE_____

APPROVED_____
Engineering Inspector

CREATED 11/06/2008 RB

CHECKLIST

- ☐ $250,000 BOND/INSURANCE
- ☐ CONTRACTOR REGISTRATION
- ☐ PLANS, SPECIFICATIONS
- ☐ ALL UTILITIES LOCATED