CITY OF THOMASTON

706-647-4242

RIGHT-OF-WAY CONSTRUCTION APPLICATION

PROJECT INFORMATION

APPLICANT	☐ CONTRACTOR	☐ AUTHORIZED AGENT	
NAME OF UTILITY			
APPLICANT	PHONE:	EMAIL:	
NAME	STREET ADDRESS		
CITY	STATE	ZIP	
CONTRACTOR	PHONE:	EMAIL:	
NAME	STREET ADDRESS		
CITY	STATE	ZIP	
BUSINESS LICENSE #	EXPIRATION DATE	STATE LICENSE #	EXPIRATION DATE

CONSTRUCTION DETAILS

LOCATION OF CONSTRUCTION

DETAILED DESCRIPTION OF WORK BEING COMPLETED

Please attach plans showing in detail the location of the proposed facility or operations. The plans shall show the size or capacity of facilities to be installed; their relationship to street features such as right-of-way lines, pavement edge, structures, etc., horizontal, and vertical clearance to critical elements of the roadway and any other information necessary to evaluate the impact on the street and its operation.

PROJECTED START DATE	PROJECTED COMPLETION DATE

Contact the City within two (2) business days before the date of construction.
(Understanding weather may affect the start of construction.)

SIGNATURE

THE UNDERSIGNED, UPON OATH, STATES THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, THAT THE CONSTRUCTION WILL COMPLY WITH ALL APPLICABLE CODES AS ADOPTED BY THE CITY OF THOMASTON, UNDERSTANDS THAT THE PERMIT ISSUED IS ONLY FOR CONSTRUCTION AS STATED.

APPLICANT'S SIGATURE: _____

OFFICE USE ONLY

APPROVED BY:	DATE:
SIGNATURE	

- Please provide a copy of the Registrant's certificate of authority (or other acceptable evidence of authority to operate) from the Georgia Public Service Commission and/or the FCC and any other similar approvals, permits or agreements.
- Please provide a copy of the service agreement, if applicable, or other legal instrument that authorizes the utility to use or occupy the right-of-way for the purpose described in the application.
- Please provide an indemnity bond or security bond in the amount set by the City to pay any damages to any part of the City road system or other City property caused by activity or work of the applicant/contractor performed under the authority of the permit issued.
- Please provide a copy of your certificate of insurance with the City of Thomaston identified as additionally insured.
- Please provide a copy of E-verify (User Identification Number).
- Return application with permit fee to the City of Thomaston office at 106 E. Lee Street or fax 706-647-6583. This construction permit is good for six (6) months from the date of approval.