

RIGHT OF WAY APPLICATION

Design, Environment & Construction
2635 Talley Street
Decatur, GA 30030
Phone 404-370-4104
Fax 404-378-5054



Staff use only

Permit no. _____

Issued by _____

Date issued _____

Address or location _____

Located between the following two streets _____
street 1 street 2

Name of applicant _____

Address _____ City/state/ZIP _____

Email _____ Phone _____

Name of property owner _____

Address _____ City/state/ZIP _____

Email _____ Phone _____

Upon satisfactory completion of work, refund performance bond will be refunded to the following address. Refunds are estimated to arrive between four and six weeks after a final right-of-way inspection confirms that work is completed to City standards.

Name _____ Phone _____

Address _____ City/state/ZIP _____

Project type Residential Commercial Institutional Governmental Utility

Description of work _____

Special conditions (if any) _____

I hereby certify that the above and attached statements and documents are true to the best of my knowledge and belief.

Applicant signature _____ Date _____

Submittal checklist

- Site sketch or construction plan
- Traffic control plan including detour plan (if required)
- Performance bond in the amount of \$ _____ Cash Check Paper bond
- Contractor's liability insurance certificate referencing job address (if work is to be done by contractor)
- Property owner's letter assuming liability/responsibility (if work is to be done by property owner)
- Permit fee

Staff use only

Permit no. _____ Date _____