

Washington County Highway Department

Right-of-way Excavation Permit Application

Permit # _____

All permits will be issued through the Washington County Highway Department

- **Whether digging in the shoulder or roadway, a permit must be completed.**
- Applications may be faxed to (423)753-1710, emailed to sbaskette@washingtoncountyttn.org and/or mstoots@washingtoncountyttn.org or hand delivered to 608 Depot Street, Jonesborough.
- For project work, a copy of the plans must be submitted along with the application.
- Staff will review the application and make every effort to issue an excavation permit within 2 business days (projects 5 business days.)
- Permits will be faxed or emailed to the applicant.
- *Except for emergencies, failure to obtain a permit prior to digging will result in a fine up to \$500.00*

Applicant Name: _____ Date: _____

_____ Utility Company _____ Private Contractor _____ Individual **Emergency Repair?** _____ Yes _____ No

Work Site Address: _____

Reason for Excavation: (Check all that apply/explain other)

_____ Line Maintenance/Repair _____ New Service/Tap _____ Pole Installation

_____ Line Replacement (plans required) _____ Line Extension/New Line (plans required)

_____ Other: _____

Project Name: _____

Estimated Start Date: _____ Estimated Completion Date: _____

Job Type: _____ Single Dig _____ Multiple Dig **Is this work within an intersection?** _____ Yes _____ No

Right-of-Way Location(s): (Check all that apply/explain other)

_____ Street _____ Shoulder _____ Sidewalk _____ Driveway/Apron _____ Other: _____

Surface Types: (Check all that apply/explain other)

_____ Asphalt _____ Concrete _____ Crushed Stone _____ Grass _____ Other: _____

Request to use Crushed Stone backfill: *Flowable Fill is required in all street cuts unless prior approval for crushed stone is granted.*
(Justification) _____

Road Surface Repair Dimensions: _____ Length X _____ Width = _____ Square Feet

If the project is over \$25,000 a fee of \$100 is required to be paid upon obtaining an Excavation Permit Application.

Applicant/Contact Person(s) Name: _____ Title: _____

Address: _____

Phone No: _____ Emergency No: _____ Fax No: _____

Email Address: _____

Applicants Signature: _____

For Office Use Only: Payment Type _____ Bill to Account _____ Cash _____ Check (Check No. _____)

Approved By: _____ **Date:** _____

Office Location: 608 Depot Street - Jonesborough, TN 37659 Office Phone: 423-753-1714 Fax: 423-753-1710

Office Hours: Monday - Thursday 6:30am - 5:00pm (April - September)

Monday - Friday 7:00am - 4:00pm (October- March)

*The Highway Department has mandatory shut down the first full week of July and the last week in December.