

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 \$ _____ ☐ Credit ☐ Check ☐ Paper bond

☐ Contractor's liability insurance certificate referencing job address & City certificate holder (Contractor)

☐ Property owner's letter assuming liability/responsibility (Property owner)

☐ Permit fee \$40 per application

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Permit no. _____ Date _____