# Athens Utilities Board Annual Blanket Right-of-Way Construction Permit Application

# Public Works Department – City of Athens, Tennessee 219 Alford St. – P.O. Box 840 Athens TN 37371 - Phone (423) 744-2746



All work approved under this permit shall be completed in compliance with the provisions of the City of Athens Ordinance 906, *Rights-of-Way Management Ordinance*, other *Municipal Code*, the *Stormwater Management Policy*, the *Grading Permit Policy* and any other applicable rules, procedures, or Ordinances.

## Application Date:

## **ANNUAL BLANKET PERMIT APPLICATION – Service Installation and "Point" Repairs**

- Projects greater than 100 linear feet must be submitted individually on a separate application. -

Utility Name:	Athens Utilities Board (AUB)
Utility Division:	
Division Contact/Telephone:	
On Site Contact/Supervisor:	
Mobile Telephone:	
Emergency 24 hr. Contact:	
List any/all Subcontractors:	
Person(s) Responsible for R-O-W Restoration & Street Repairs:	

- 1) This is an Annual Blanket application intended for service installations and point repairs less than 100 linear feet. Projects >100 linear feet must be submitted individually on a separate application.
- 2) I agree to comply with all ordinances, laws, and City policies regulating rights-of-way management, grading, land disturbance, erosion/sedimentation control, and stormwater management.
- 3) All erosion/sedimentation control measures will be installed before land disturbance activities begin and will be properly maintained throughout the grading/land disturbing activities. I further agree to add any additional erosion/sedimentation control measures as requested by the City of Athens.
- 4) I agree that the AUB will be responsible for any damages to the public right-of-way including City sidewalks and streets caused by this work.
- 5) A traffic control plan has been submitted and approved (when traffic will be impacted).
- 6) Applicant is responsible for <u>Tennessee One Call</u> 72 hours prior to excavation toll free: 800-351-1111.

## Signature of Applicant

or Responsible Party:	Date:	
Received By:	Date:	_ Approved:
Reviewed By:	_ Date:	_ Fee: <u>\$ 75.00/ annually</u>