



CITY OF DACULA
442 HARBINS RD.
P.O. BOX 400
DACULA, GA., 30019
770-963-7451

For Administrative Use Only

Permit No. _____

Date Approved: _____

UTILITY REGISTRATION & PERMIT APPLICATION

Utility Company Information

Name: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Registrant

Name: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Emergency Contact: YES ☐ NO ☐

Contractor/ Company performing work

Name: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Emergency Contact: YES ☐ NO ☐

Facility Representative/ Emergency Contact (if different from registrant or contractor)

Name: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Description of Project: _____

Location: _____

Projected Start Date: _____ Projected End Date: _____

THE APPLICANT MUST SUBMIT ONE (1) COPY OF THIS APPLICATION AND ONE (1) COPY OF THE FOLLOWING:

1. PLANS SHOWING IN DETAIL THE LOCATION OF THE PROPOSED FACILITY OR OPERATIONS AS DESCRIBED IN THE PERMIT APPLICATION. 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
2. A COPY OF THE UTILITY'S CERTIFICATE OF AUTHORITY FROM THE GEORGIA PUBLIC SERVICE COMMISSION AND/OR THE FCC, IF REQUESTED.
3. A COPY OF THE SERVICE AGREEMENT, IF REQUESTED OR OTHER LEGAL INSTRUMENT THAT AUTHORIZES THE UTILITY TO USE OF OCCUPY THE RIGHT OF WAY.
4. AN INDEMNITY BOND OR OTHER ACCEPTABLE SECURITY IN AN AMOUNT SET BY THE CITY.
5. PAYMENT OF **\$500** PERMIT FEE.

(THE CITY HAS THIRTY (30) DAYS TO REVIEW THE APPLICATION FOR APPROVAL OR DENIAL).

THE UTILITY COMPANY SHALL NOTIFY THE CITY IN WRITING OF ANY CHANGE TO THE ABOVE REQUIRED INFORMATION.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THE APPLICATION AND AGREE TO ITS TERMS AND THAT ALL THE ABOVE STATEMENT ARE TRUE TO THE BEST OF YOUR KNOWLEDGE.

Applicant Signature: _____ Date: _____

Approved by: _____ Date: _____