



RIGHT – OF - WAY PERMIT APPLICATION

Instructions: Please fill out the form completely.

Upload your completed form to:

<https://unioncityga.portal.iworq.net/portalhome/unioncityga>

Please make your payment online when submitting your application.

https://unioncityga.governmentwindow.com/payer_login.html

Date: _____

Name of Applicant: _____

Applicant Address: _____

Phone Number: _____ Email: _____

Project Manager: _____

Contractor Name (If different than above): _____

Address: _____

Phone Number: _____ Email: _____

EXACT LOCATION AND DESCRIPTION OF WORK

Project Address/ Intersection/Location: _____

Phone Number (24 HR Contact): _____ Email: _____

Type of Installation: Aerial Underground Other (Explain below)

Description of Work to be Completed:

Requested date to begin the Proposed Construction, Excavation or Work Activity:

Union City Project? (List project manager/department)

Please attach engineered drawing with scale and legend. Indicated on the drawing are the following: (1) Distance from back of curb or edge of pavement, as applicable; (2) Depth of ground cover; (3) All street names; (4) Positioning of all above and underground devices, i.e., transformers, pedestals, manholes, regulator stations, poles, down guys and anchors, etc.; (5) Site location map; (6) Right-of-Way lines; and (7) Lane closure plans, as applicable following the MUTCD guidelines.

All construction must comply with the City of Union City Specifications as well as all regulatory directives issued by the City of Union City- Public Services Department as required by the Development Regulations Manual.

All facilities shall be restored to their original condition upon completion of work.

Applicant Signature

Date

FOR OFFICE USE ONLY

Permit: _____ **Date Permit Issued:** _____

Processed By: _____ **Bond Required: Yes** _____ **No** _____ **Amount \$** _____

Approved: _____ **Approved with modifications** _____ **Rejected** _____

Department of Public Services: _____