



Official Use Only

Permit No. _____

PUTNAM COUNTY RIGHT-OF-WAY PERMIT APPLICATION

Date: _____

CONTRACTOR NAME: _____ TELEPHONE NO. _____

WORK TO BE DONE ON R.O.W. OF _____ AND _____

DESCRIPTION OF WORK: _____

DATE WORK TO BEGIN: _____

COMPLETION DATE: _____

ANY CRANE/BOOM LIFTING DEVICE OR SCAFFOLDING TO BE USED ON SITE ____ YES ____ NO

IF YES – PLEASE PROVIDE A SKETCH OF LOCATION OF EQUIPMENT & SAFETY MEASURES MUST BE SUBMITTED WITH THIS APPLICATION.

WORK AREA UNDER THIS PERMIT IS APPROXIMATELY _____ LENGTH _____ WIDTH

DOES YOUR BOND COVER PATCH WORK _____ YES _____ NO

WILL THIS PERMIT REQUIRE BORING _____ YES _____ NO

WILL YOU NEED TO CLOSE A ROAD _____ YES _____ NO

WILL YOU NEED TO CUT A SIDEWALK _____ YES _____ NO

Note: Permittee shall comply in whole with this permit, which is issued in accordance with PUTNAM COUNTY CODES & ORDINANCES.

The closing of any road requires a sketch to be submitted and alternate route to be approved by the Putnam County Public Works Department.

Applicant: _____ Contact, If not Applicant _____

Telephone: _____

Company Name: _____ Fax: _____

Mobile Phone: _____ Address: _____

City: _____ State: _____ Zip Code: _____



OFFICE USE ONLY:

Payment Received: \$55.00 Date _____ Receipt # _____