Please notify me a week prior to start of this project

APPROVED
By donald flowers at 8:32 am, Jun 28, 2021

DEPARTMENT OF PUBLIC WORKS
5440 FULTON IND. BLVD.
ATLANTA, GEORGIA 30336

APPLICATION IS HEREBY MADE TO CITY OF SOUTH FULTON BY:

Atlanta Gas Light Company
(UTILITY OWNER-NAME AND ADDRESS)

FOR PERMISSION TO CONSTRUCT, OPERATE AND MAINTAIN THE FOLLOWING DESCRIBED UTILITY FACILITY WITHIN THE PUBLIC RIGHT-OF-WAY OF STATE HIGHWAY NO. _____OR CITY OF SOUTH FULTON ROAD NO. _____ IN FULTON COUNTY.

DESCRIPTION:
184' x 1-1/4 Plastic Service to 270 Cedar Grove Rd Fairburn, GA 30213.

LOCATION:
Cedar Grove Rd Fairburn, GA 30213. South of the intersection of St David Street

THE UTILITY FACILITIES COVERED HEREBY SHALL BE INSTALLED IN ACCORDANCE WITH THE PLANS ATTATCHED HERE TO AND MADE A PART HEREOF. APPLICANT AGREES TO COMPLY WITH AND BE BOUND BY THE DEPARTMENT'S UTILITY ACCOMMODATION POLICY AND STANDARDS ON FILE IN THE GENERAL OFFICES OF FULTON COUNTY, MADE A PART HEREOF BY REFERENCE, AND ALL GENERAL PROVISIONS AND SPECIAL PROVISIONS SHOWN ON THE REVERSE HEREOF, OR ATTACHED HERETO, DURING THE INSTALLATION, OPERATION AND MAINTENANCE OF SAID UTILITY FACILITIES WITHIN THE PUBLIC RIGHT-OF-WAY. PERMIT REQUESTED THIS, 23rd_____ DAY OF __June____.

BY: *Bill Barnes*
(SIGNATURE)

_____
WITNESS SIGNATURE (TITLE)

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PERMISSION IS GRANTED FOR THE ABOVE DESCRIBED UTILITY FACILITY ENCROACHMENT IN ACCORDANCE WITH THE PLANS AND PROVISIONS HEREOF. THIS PERMIT IS TO BE STRICTLY CONSTRUED AND NO WORK OTHER THAN THAT SPECIFICALLY DESCRIBED ABOVE IS HEREBY AUTHORIZED. PERMIT GRANTED THIS _____DAY OF ___20____.

BY: _____
(DEPUTY DIRECTOR, ENGINEER ADMINISTRATOR, CIVIL ENGINEER II)

(TO BE COMPLETED BY CITY OF SOUTH FULTON COUNTY)

The utility company or subcontractor must notify all homeowners Impacted by this work prior to the beginning of construction	**SERVICE AREA:** _____ **CONSTRUCTION INSPECTOR: DONALD FLOWERS**_____ **START DATE:** _____**PERMIT NO:** RWEP-21-198 **470-602-5526**

This permit is approved for 90 days from the approval date, please renew permit if expired

	24 HR. CONTACT NO.: _____

This permit is approved for 90 days from the approval date, please renew permit if expired