



. . . creating a better quality of life.

ROW Excavation Permit Application

DATE: _____

PROJECT NAME: _____

PROPERTY ADDRESS: _____

Contractor: _____

Contractor Address: _____

Contact Person: _____

Phone #: _____ E-Mail _____

Doing the Work For: _____

Nearest Cross Street: _____

Excavation Type:

- street curb
- gutter
- sidewalk
- bore
- trench

Excavation Size:

Length _____ ft Width _____ ft Depth _____ ft

Excavation Purpose:

Days & Hours of operation: _____

Pending Start Date: _____ Completion Date: _____

Cost of Requested Work in City Right of Way: _____

- ❖ **Contact Ram Balachandran by e-mail at rbalachandran@murfreesborotn.gov** with your Traffic Control Plan for approval (after your permit has been issued) by the Friday before work will be conducted the following week.)
- ❖ **The Public Infrastructure Department will need to approve any street cuts.** *Please note that the Public Infrastructure Department will establish the final surety amount.*
- ❖ Engineer's cost estimate is required for all new Projects that require surety. Email to Istacey@murfreesborotn.gov

Signature _____ Date _____

City Approval _____ Date _____ Permit Cost: \$ _____