



City of Brentwood

Public Works Department
1750 General George Patton Drive, Brentwood, TN 37027
Phone: (615) 371-0080
Contact: Jamie Booker
Email: Jamielee.booker@brentwoodtn.gov



APPLICATION FOR EXCAVATION PERMIT

Total Area/Length of Excavation (Linear Feet): _____

Permit Type:

Location of Excavation: _____

BORE
ROW
CUT*

CUTS must have pre-authorization of the PW Director or Superintendent

This permit, once approved, gives applicant permission to excavate within the Public Right-of-Way and Public Utility Easements. However, you are required to contact Tennessee One-Call to arrange the location and marking of all utilities. This includes, but is not limited to; Location of Water & Sewer, Horizontal and Vertical Separation, City owned Fiber Optic Cable and Crossings at any angle.

Purpose of Excavation: _____

Contracted for: _____

I agree that I will comply with all ordinances and laws regulating the work to be performed. Further, I agree that the City of Brentwood shall be indemnified and saved harmless from all claims arising from injury, accident and damage of any nature whatsoever caused or alleged to have been caused by the negligence of me, my firm or corporation, my sub-contractor, or any one directly or indirectly employed by me. I certify that I am insured against claims for damages of personal injury as well as claims of property damage which may arise from or out of the performance of the work, whether such performance is by me, my firm or corporation, my sub-contractor or anyone directly or indirectly employed by me. Excavation permits shall state the length of time it is estimated will elapse from the commencement of the work until the restoration of the surface of the ground or pavement. I further agree that repairs will be made on time. If not made on time and to the City's standards, the City of Brentwood will make repairs as needed and my bond will be used to cover the expense and whatever the bond does not cover, I will be billed for the outstanding balance.

Type or Print Name

Signature of Responsible Representative

WARNING!!

- Work may NOT begin until a Permit Number has been issued.
- This form is NOT valid unless signed and payment has been received

Company Performing Work: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Contact Phone No: _____

Type of Phone: Office Field Cell

Email: _____

OFFICE USE ONLY

Permit Fee: \$ _____

Check No: _____

Bond Fee: \$ _____

Bond Type: _____

Approval Date: _____

Approx. Completion Date:

APPROVED BY:

PERMIT NO:
|
