



CITY OF MANCHESTER, TENNESSEE

DEPARTMENT OF HEALTH AND CODE

200 W. Fort Street
Manchester, TN 37355
931-723-1464
Fax: 931-728-8296

EXCAVATION PERMIT

LOCATION OF EXCAVATION OR TUNNEL: _____

SIZE-LENGTH: _____ WIDTH: _____ DEPTH: _____

SHORING/TRENCH PROTECTION RREQUIRED: YES NO

SHORING/TRENCH PROTECTION ACCEPTED BY: _____

PURPOSE: _____

CONTRACTOR: _____

CASH DEPOSIT/BOND: \$ _____ (PER 12-104)

INSURANCE: YES NO (PER 12-107)

ESTIMATED TIME FOR RESTORATION: _____ (PER 12-108)

DRIVEWAY/PAVEMENT CUTS: YES NO (PER 12-110)

EXCAVATION INSPECTION: ACCEPTED REJECTED

BACKFILL/SURFACE PAVEMENT INSPECTION (HOT MIX SHALL BE USED BEFORE FINAL INSPECTION)

ACCEPTED REJECTED DATE: _____ INSPECTED BY: _____

PUBLIC WORKS SUPT.

PRIOR TO EXCAVATION CONTACT UTILITIES LISTED BELOW FOR POSSIBLE UNDERGROUND LINE IN THE AREA:

ELECTRIC UTILITIES-DATE: _____ CONTACT PERSON: _____

WATER & SEWER-DATE: _____ CONTACT PERSON: _____

GAS UTILITIES-DATE: _____ CONTACT PERSON: _____

PHONE UTILITIES-DATE: _____ CONTACT PERSON: _____

CABLE TV-DATE: _____ CONTACT PERSON: _____

PUBLIC WORKS-DATE: _____ CONTACT PERSON: _____

WILLIAMS COM-DATE: _____ CONTACT PERSON: _____

APPROVED AND ISSUED THIS _____ DAY OF _____, 20____. FEE OF \$ _____ IS PAID. RECEIPT # _____.

REJECTED

ACTIONS REQUIRED:

HEALTH & CODE ADMIN/SAFETY DIRECTOR/ASST. DATE

ALL WORK COMPLETE AND DEPOSIT/BOND READY TO BE RELEASED.

HEALTH & CODE ADMIN/SAFETY DIRECTOR/ASST. DATE

AMOUNT OF DEPOSIT/BOND RELEASED (MINUS ANY DEDUCTIONS)

\$ _____

FINANCE DIR. OFFICE

DATE